667-200-001-256

Amended 3-9-83

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11401
Local Reg. No. 2
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 29th and Eastman

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 29th 7 Eastman

3. CHILD'S NAME (Type or print)
a. (First): Lula b. (Middle): Mary c. (Last): Worden

4. SEX: female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): December 6, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): John b. (Middle): H. c. (Last): Worden

8. AGE (At time of this birth): 36 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Eden, Weber Co., Utah
10. USUAL OCCUPATION: Laborer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lula b. (Middle): D c. (Last): Scott

13. AGE (At time of this birth): 38 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Spring City, Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?
16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: George C. Caudy, D.O.
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) X
19. ADDRESS: Boise, Idaho
20. DATE SIGNED: January 3, 1913
21. DATE REC'D BY LOCAL REG.: Jan. 3, 1913
22. REGISTRAR'S SIGNATURE: C. S. McConnel
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VISION OF VITAL STATISTICS, BOISE, IDAHO.

STATE OF CALIFORNIA

COUNTY OF Los Angeles } SS.

On this the 28th day of January 19 83, before me, the undersigned Notary Public, in and for said County and State, personally appeared *****Lula G. Ellis*****, proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) she subscribed to the within, instrument, and acknowledged that she executed the same.

D. Paul Clark

D. Paul Clark

Cal-375 Ack. Individual (Rev. 6-82) Staple Staple

SAFECO

FOR NOTARY SEAL OR STAMP

OFFICIAL SEAL
D. PAUL CLARK
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Exp. Apr. 23, 1985

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11401

Date Filed ..... JAN 4 2 21 PM '83

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lula Maud Worden (Name on Original Certificate) who was born (Was Born or Died) on Dec. 6, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's middle name	Maud	Mary
mothers first name	Janet	Lula D

Subscribed and sworn to before me this 19th day of January, 1983

Lula Mary Worden McCulloch

Notary Public, residing at Butte, Mont

My commission expires 7/25/83

(Seal)

Signed Lula Mary Worden McCulloch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3401 E. Lake St. Butte, Mont. 59701
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of January, 1983.

Notary Public, residing at Hawthorne, California

My commission expires Apr. 23, 1985.

(Seal)

Signed Lula J. Ellis
(Signature of Any Credible Person)

4979 So. 500 West
Ogden, Utah 84403
(Street Address, City, State)

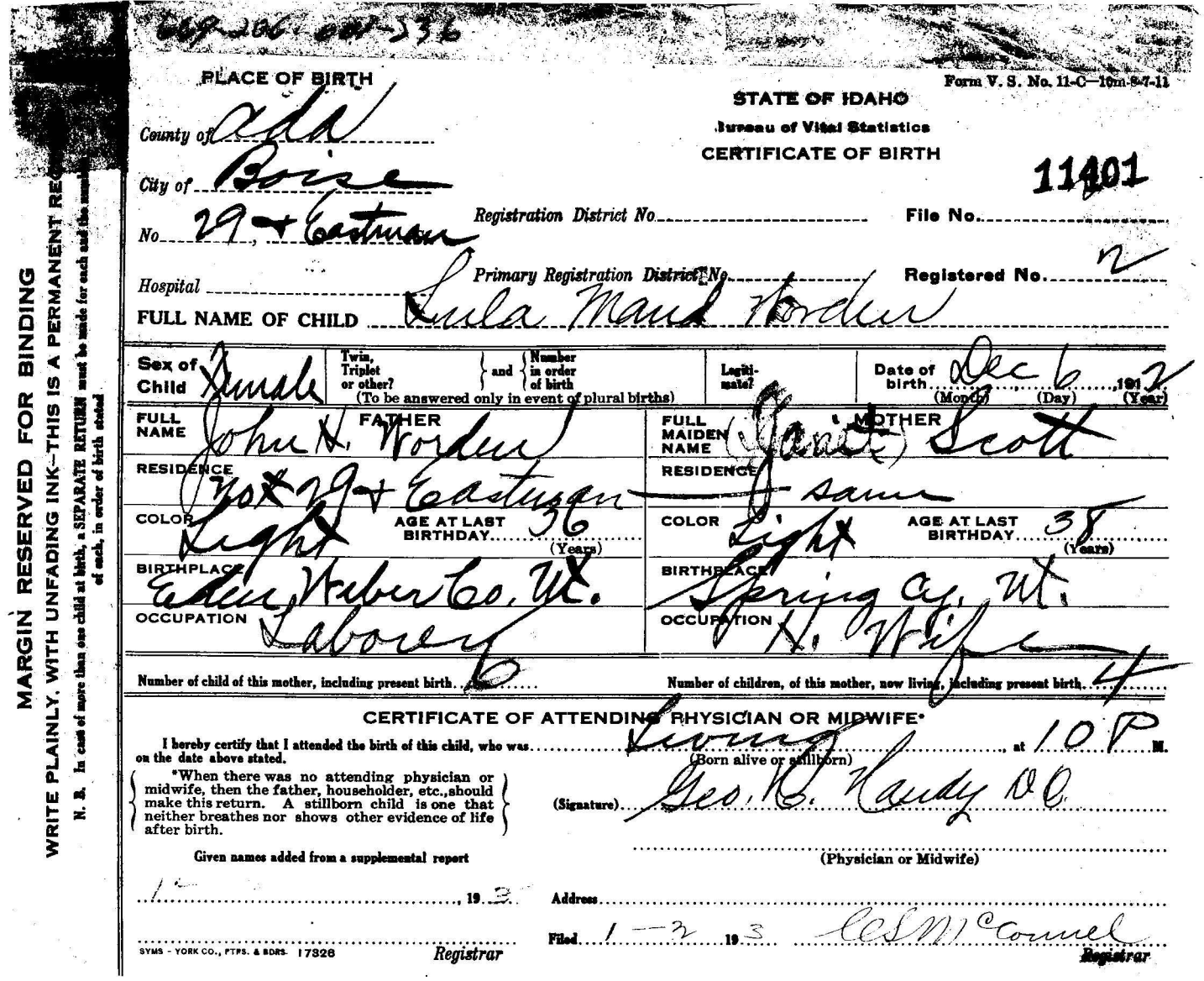
FORM DH 60-155 CL 2/19/75

Certificate of Baptism from LDS Church gives Lula Mary Worden daughter of John Worden and Lula D Scott born Dec 6, 1912 at Boise was baptised 8-24-21. Viewed by V.S.

United States Department of the Interior, Bureau of Pensions, Washington D.C. letter dated July 16, 1931, addressed to Mrs. Lula Worden (mother's maiden name Lula.
Viewed by V.S.

Whole Life Policy Insurance issued July 15, 1935, gives name as Lula M McCulloch
Policy # 35656801
Viewed by V.S.

Marriage certificate of parents shows mother's maiden name (bride) as Lulu D. Holder
Parents married December 9, 1904, in Blackfoot, Idaho. License # 6308 issued by Bingham County.
Viewed by V.S.



669-206-001-536

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11401

County of Ada

City of Boise

No. 29 + Eastman

Registration District No. _____ File No. _____

Hospital _____ Primary Registration District No. _____ Registered No. 2

FULL NAME OF CHILD Lula Maud Worden

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Dec 6 1912

FATHER		MOTHER	
FULL NAME	John H. Worden	FULL MAIDEN NAME	(Janet) Scott
RESIDENCE	No. 29 + Eastman	RESIDENCE	same
COLOR	Light	COLOR	Light
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Eden Weber Co. Ut.	BIRTHPLACE	Spring Cy. Ut.
OCCUPATION	Laborer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Handy D.O.

(Physician or Midwife)

Given names added from a supplemental report

1 ..... 19 3

Address _____

Filed 1-2 19 3 C S McConnel

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

FEB 19 1975

FEB 9 1968

MAR 9 1983

553-127-001-238

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1211, E Bannock

Hospital

Registration District No.

File No. 1 11406

Primary Registration District No.

Registered No. 17

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
M		L.	Dec (Month), 27 (Day), 1912 (Year)

	FATHER		MOTHER
FULL NAME	Sam O Nelson	FULL MAIDEN NAME	Rose Schaufelberger
RESIDENCE	1211 E Bannock	RESIDENCE	1211 E Bannock
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Colo
OCCUPATION	Painter	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]) at 5.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician [redacted])

Given names added from a supplemental report

Address Boise Ida

..... 19

Filed 1-10 1913 C S McConnel

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dep of 1912-233858

366/17.001-343

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 11407

County of Ada

City of Boise — Registration District No. ____

No. 1019 Grove St. — Primary Registration District No. ____ — Registered No. 15

Hospital ____

FULL NAME OF CHILD Franklin Rayle Coffin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	12 - 17 - 1912

FATHER		MOTHER	
FULL NAME	Craig H. Coffin	FULL MAIDEN NAME	Lela Tucker
RESIDENCE	1019 Grove St	RESIDENCE	1019 Grove St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Neb
OCCUPATION	Teller in Bank	OCCUPATION	Housewife

Number of child of this mother, including present birth... One

Number of children, of this mother, now living, including present birth... One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at: 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Smith M. D.
(Physician or Midwife)

Address 410 Overland

12 - 18 - 1912

Registrar

Given name added from a supplemental report

Filed 1 - 2 - 1913 Les McConnell
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT REC...

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

Form V.S. No. 11—10m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

File No. 11407

Registered No.

City of

No.

Hospital

FULL NAME

Sex of Child

FULL NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of child

ATTENDING

I hereby c... on the date abo...

*When ... midwife, th... make this ... neither ... at or birth.

Given

Address

Filed

JUN 12 1940

WHITE PLAINLY WITH UNFADING INDIAN RESERVATION

N. B. If one or more of these questions are not fully and fully ... be prepared ... of the ... of the ...

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 1111, N 9th St.

Hospital

Registration District No.

File No. 11408

Primary Registration District No.

Registered No. 14

FULL NAME OF CHILD Robert Leddy Jarauld

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 11, 1912

FATHER		MOTHER	
FULL NAME	Rodman E. Jarauld	FULL MAIDEN NAME	Gertrude M. Leddy
RESIDENCE	1111 N 9th St	RESIDENCE	1111 N 9th St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Rhode Island	BIRTHPLACE	Boston Mass.
OCCUPATION	Electrical Engineer	OCCUPATION	Trained Nurse

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

– Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L. S. Williamson M.D.
(Physician or Midwife)

Address 824 Franklin St

Filed 1—11 1913 C. S. McConnell
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Dup. #1912. 335722

465-130-00-697

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

11412

County of Ada

City of Boise

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD John Gerald Donald

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	12 (Month) 30 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	P. Gerald Donald	FULL MAIDEN NAME	Mary L Wiggins
RESIDENCE	1220 E. Bannock	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Lineman	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calloway

Physician (Physician or midwife)

Given names added from a supplemental report

1 - 12 1913

Address Boise Idaho

Filed 1 - 2 1913 C S McConnell Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912-151468 and 1912-303137

245-131-001-245

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 418 So 18th St.

Hospital

Registration District No.

Primary Registration District No.

File No. 11413

Registered No. 7

FULL NAME OF CHILD Roland Kunzler

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	Twin	2	Yes	12 (Month) 31 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John F Kunzler	FULL MAIDEN NAME	Julia May Kunzler
RESIDENCE	Boise, Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	New York	BIRTHPLACE	Denver, Colo
OCCUPATION	lab	OCCUPATION	wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M H Fallman

Phys & Surg (Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report

1 — 2 19

Filed 1 — 2 19 3

C S McConnel
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 3 1942

245131-001-345

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 418 So 18th *St.*

Hospital

Registration District No.

Primary Registration District No.

File No. 11414

Registered No. 6

FULL NAME OF CHILD Robert Kunzler

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1st	Yes	12 (Month) 31 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John F Kunzler	FULL MAIDEN NAME	Julia May Timson
RESIDENCE	418 So 18th	RESIDENCE	Boise
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	New York	BIRTHPLACE	Denver Colo
OCCUPATION	lab	OCCUPATION	wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M H Tallman

Physician (Physician or midwife)

Given names added from a supplemental report

1 — 2 19

Address Boise Idaho

Filed 1 — 2 1913 C S McConnel Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 13 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 11415

No. 611 1/2 Jeff St.

Primary Registration District No. _____ Registered No. 3

Hospital _____

FULL NAME OF CHILD Baby Bee Wm Frederick Bee Jr.

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	12 25 1912

FATHER		MOTHER	
FULL NAME	Wm H. Bee	FULL MAIDEN NAME	Margorie Ivie
RESIDENCE	611 1/2 Jefferson St	RESIDENCE	611 1/2 Jefferson
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9-20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. James L. Stewart (Physician or Midwife) S. H.

Given name added from a supplemental report

1-1- 1913

Address 410 Overland Bldg

Filed 1/1 1913 C S McConnel Registrar

Registrar

S-Y CO., 15868

JUN 2 1 1954

389-29-036-396

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weston

No ....., ... St.

Hospital .....

Registration District No. 18

File No. 11417

Primary Registration District No. 2119

Registered No. 50

FULL NAME OF CHILD Lestie Aultman Christensen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	12 (Month) 29 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Olef Christensen	FULL MAIDEN NAME	Emma L. Crockett
RESIDENCE	Weston	RESIDENCE	Weston
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Emery M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston, Ida.

Filed Jan 1 1913

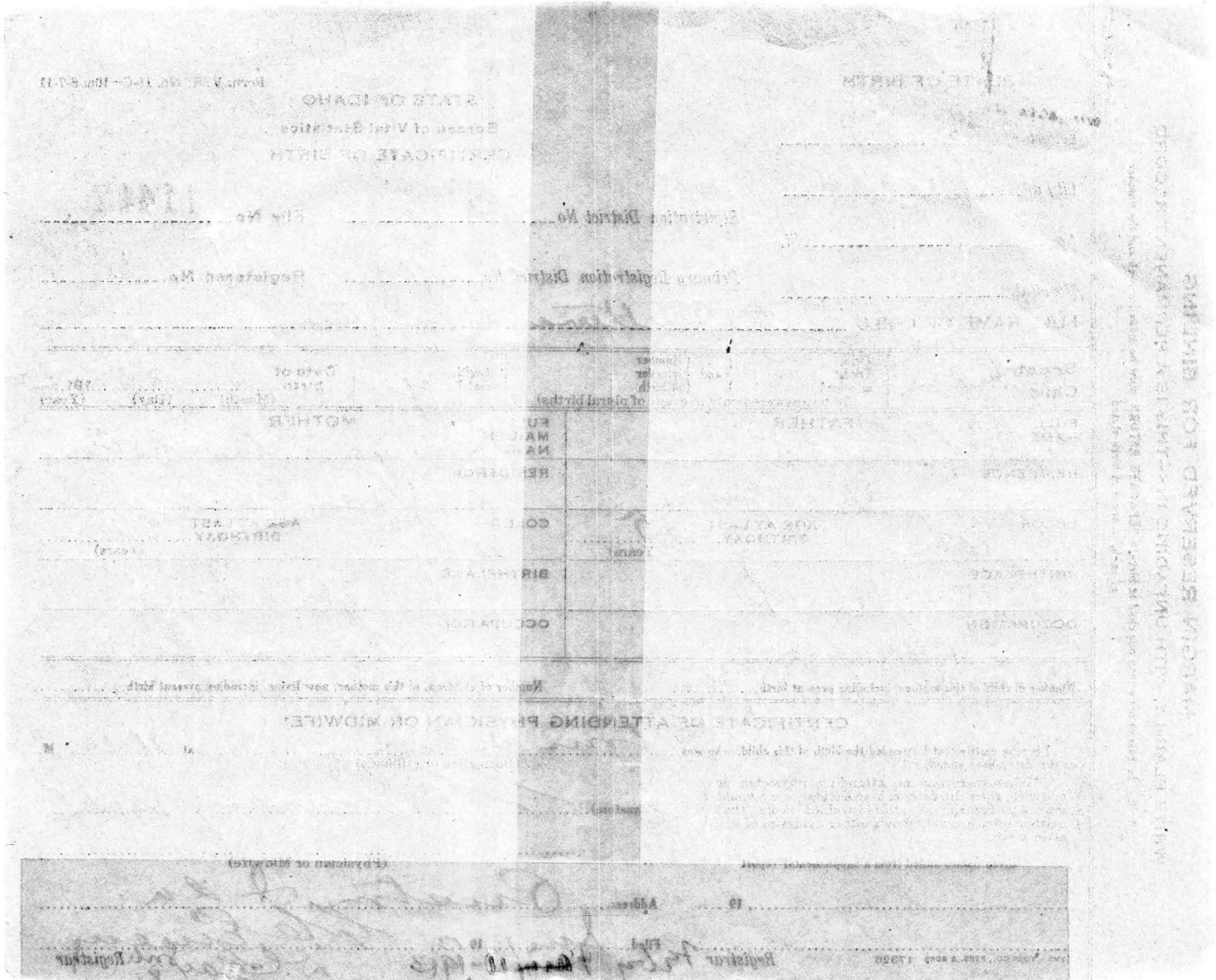
Registrar Feby 10-1913 G. C. Emery D. C. Raybold Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

314-106-036-415

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Dayton

No. no St.

Hospital no

Registration District No. 11

File No. 11419

Primary Registration District No. 2119

Registered No. 52

FULL NAME OF CHILD Ariel D. Campbell

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes.	Oct 6 1912

FATHER		MOTHER	
FULL NAME	Benjamin Harrison Campbell	FULL MAIDEN NAME	Sarah Elegebth Davis.
RESIDENCE	Dayton	RESIDENCE	Dayton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Franklin Ida
OCCUPATION	Laborer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Phillips

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Dayton Ida

Filed Jan 1 1913 [illegible] Registrar

Feby 10 1913 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

AUG 1 1960

455/15·036-759

PLACE OF BIRTH

County of Oneida

City of Dayton

No no, St.

Hospital no

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 11420

Primary Registration District No 219 Registered No. 53

FULL NAME OF CHILD Woodrow J. Mendenhall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy.			ayes.	Oct 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Mendenhall	Effie Perkins.
RESIDENCE	Dayton Ida.	Dayton Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Dayton Ida	Dayton Ida
OCCUPATION	Farmer.	a farmer

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Phillips

(Physician or Midwife) midwife

Address Dayton Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 1 19 13

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FROM -1913 D C Ray

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

MAR 9 1942

396-127-036-455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Dayton

No. no, St.

Hospital no

Registration District No. 18 File No. 11421

Primary Registration District No. 2119 Registered No. 54

FULL NAME OF CHILD Lovene Crockett

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes	Oct 27, 1912

FATHER		MOTHER	
FULL NAME	Irving Crockett	FULL MAIDEN NAME	Alice Dees
RESIDENCE	Dayton Ida	RESIDENCE	Dayton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Logan	BIRTHPLACE	Weston.
OCCUPATION	Farmer.	OCCUPATION	Farmer

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Phillips

midwife (Physician or Midwife)

Given names added from a supplemental report

, 19

Address Dayton Ida

Filed Jan 1 1913 G C Emery Registrar

Feby 10 1913 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

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386-130-036-799

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Malad

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-5-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18

File No. 11422

Primary Registration District No. 2069

Registered No. 55

FULL NAME OF CHILD ESPY LYLE THOMAS

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12 30 1912

FATHER		MOTHER	
FULL NAME	Espy Thomas	FULL MAIDEN NAME	Ethel Price
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Malad

Filed Feby 7 1913 D. C. Ray

Registrar

Registrar

SYMS - YORK CO., PTR. & BDRS. 17326

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DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Oneida }

Certificate No. 11422

Date Filed June 1st 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Espy Lyle Thomas (Name of Original Certificate) who was born (Was Born or Died) on Dec 30 1912 (Date of Event)
in Malad City Idaho (Place of) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by [redacted] (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Espy Lyle Thomas

Subscribed and sworn to before me this 13th day of June 1942

Notary Public, residing at Malad, Idaho

My commission expires Jany 20, 1943
(Seal)

Signed Ethel Price Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad City Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of June 1942

Notary Public, residing at Malad City, Idaho

My commission expires Jany 20, 1943
(Seal)

Signed Mrs. Mary B Thomas
(Signature of Any Credible Person Other Than Previous Year)

Malad City, Idaho
(Street Address, City, State)

JUN 16 1942

815-228-036-414

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ....., ... St.

Hospital .....

Registration District No. 18 File No. 11423

Primary Registration District No. 2069 Registered No. 56

FULL NAME OF CHILD Grace LaVon Hansen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
F		Yes	12 (Month) 28 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Geo A Hansen	FULL MAIDEN NAME	Martha A. Maughan
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Weston Ida
OCCUPATION	Livery man	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Malad

Filed 2/7 1913 D C Ray Registrar

Registrar

SYMS - YORK CO., PTRS. & SGRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Weber }

Certificate No. 01 11423

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Grace LaVon Hansen (Name on Original Certificate) who Born (Was Born or Died) on December 28-1912 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bishop's Record (Bible Record, Insurance Policy, Etc.) prepared on February 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Grace W.	Grace LaVon Hansen
Surname	Hanson	Hansen

Subscribed and sworn to before me this 24th
day of June, 1942

Notary Public, residing at Ogden, Utah
My commission expires August 8-1942
(Seal)

Signed Martha A Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

63 Welton Ct. Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of ~~24th~~ June 1942

Notary Public, residing at Ogden, Utah
My commission expires August 8-1942
(Seal)

Signed Martha A Hansen
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 29 1942

AUG 1 0 1973

JUN 3 0

414/09-036-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 11424

Primary Registration District No. 2069 Registered No. 57

FULL NAME OF CHILD James Wm Madson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Dec 9 1912

FATHER		MOTHER	
FULL NAME	John Madson	FULL MAIDEN NAME	Emma G. Clark
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Salem, Utah	BIRTHPLACE	Malad Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.45 A. M. on the date above stated.

(Signature) J F Allen

Physician

(Physician or Midwife)

Address Malad

Filed 2/7 1913 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

* Given names added from a supplemental report

..... 19.....

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Certified Copy issued Feb. 3, 1941. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

071010-319

PLACE OF BIRTH

County of [illegible]

City of [illegible] Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11436

Primary Registration District No. 2127 Registered No. 293

FULL NAME OF CHILD Jacobsen - Violetta

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	12 (Month) 27 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	J Jacobsen	FULL MAIDEN NAME	Mary Larson
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Idaho.

Filed Jan 9 1913

..... Registrar

S-Y CO. 20174

..... Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11 C—Rev. 3-15-12

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-1181010-255

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 11437

Primary Registration District No. 2027 Registered No. 294

FULL NAME OF CHILD Johannesen Oscar A

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 18 1912

FATHER		MOTHER	
FULL NAME	Oscar A. Johannesen	FULL MAIDEN NAME	Hattie Bennett
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Idaho Falls, Ida.

Filed Jan 9 1913

Registrar

Registrar

B-Y CO. 20174

FEB 5 1942

697-2 010-56.9

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 11438

County of Jefferson

City of Lincoln

Registration District No. 7

No. ____, ____ St.

Primary Registration District No. 2197

Registered No. ____

Hospital ____

FULL NAME OF CHILD Rhea Lenora Wignall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 1st, 1912

FATHER		MOTHER	
FULL NAME	Jesse Wignall	FULL MAIDEN NAME	Lenora Norton
RESIDENCE	Idaho Falls-Ry	RESIDENCE	Idaho Falls-Ry.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 10 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D. Miller MD

(Physician or Midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan. 9 1913

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Ventura }

Certificate No. 11438

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Rhea Lenore Wignall (Name on Original Certificate) who born (Was Born or Died) on November 1st, 1912 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date	Dec. 1st	Nov. 1, 1912

Subscribed and sworn to before me this 28th day of August, 1942

John A. Fuhr

Notary Public, residing at Hueneme, Calif

My commission expires January 30, 1946
(Seal)

Signed Jess Wignall
(Signature of parent ~~or attendant if~~ correcting a birth record; of attendant, funeral director, informant if ~~correcting~~ a death record; or other credible person.)

244 D St., Oxnard, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 31 1942

SEP 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

537-[illegible]-493

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 11439

No. ....., ... St.

Primary Registration District No. 2027

Registered No. 296

Hospital .....

FULL NAME OF CHILD Charlotte Elizabeth Elg

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F	2	Yes	Dec 15, 1912

FATHER		MOTHER	
FULL NAME	Oscar Elg	FULL MAIDEN NAME	Clara Miller
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Coulthard

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Idaho Falls, Id

....., 19.....

Filed Jan 13 1913 [illegible] Registrar

Registrar

S-Y CO., 16670

MAR 21 1957

MAR 14 1969

NOV 6 1957

614-125-010962

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 11440

No. ....., ... St.

Primary Registration District No. 2 27

Registered No. 27

Hospital .....

FULL NAME OF CHILD James Albert Fanning

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	✓ (To be answered only in event of plural births)		Yes	Sept. 25, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Fanning	FULL MAIDEN NAME	Ethel C. Robinson
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho Falls, Idaho	BIRTHPLACE	Schaller, Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Coulthard

phys. (Physician or Midwife)

Given names added from a supplemental report

Address Idaho Falls

....., 19.....

Filed 4 13 19 27

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 5 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

433-49.010-235

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ....., ... St.

Hospital .....

Registration District No. 7

File No. 11441

Primary Registration District No. 2027

Registered No. .....

FULL NAME OF CHILD FRANK CALVIN McCURDY

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 29, 1912

FATHER		MOTHER	
FULL NAME	Frank McCurdy	FULL MAIDEN NAME	Floretta Stephenson
RESIDENCE	Camas, Ida	RESIDENCE	Camas Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ovid, Ida.	BIRTHPLACE	Mink Creek, Ida.
OCCUPATION	Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

(Physician or Midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/14 1913

Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Teton }

NOV 5 1941 RECEIVED

Certificate No. 11441
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Frank Calvin McCurdy (Birth or death)
for (Name on original certificate) who Born (Was born or died) on December 29, [redacted] 1912 (Date of event)
in Idaho Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on January 18, 1932 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed McCurdy	Frank Calvin McCurdy

Subscribed and sworn to before me this 29th
day of October, 1941.
E. D. Lauritzen
Notary Public, residing at Victor, Ida.
My commission expires Feb 7-1945
[SEAL]

Signed Frank Logan McCurdy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
P.O. Box 232 Victor, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of October, 1941.
E. D. Lauritzen
Notary Public, residing at Victor, Ida.
My commission expires Feb 7-1945
[SEAL]

Signed Floretta Stuffenson McCurdy
(Signature of any credible person other than the previous affiant.)
P.O. Box 232 Victor, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

255-129-022-231

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2039

File No. 11455

Registered No. 49

FULL NAME OF CHILD Ross Bench

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Dec 29 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Bench	FULL MAIDEN NAME	Rose Stauffer
RESIDENCE	Rexburg.	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Amusement Hall	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg, Idaho

Filed 2-10 1913 Ray H. Fisher

Registrar

S-Y CO. 20175

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1956

Nov. 16, 1940 L.B.

413-127-022-692

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11467

Primary Registration District No. 2038 Registered No. 37

FULL NAME OF CHILD Fred Winifred Matthews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec. 27 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Matthews	FULL MAIDEN NAME	Sarah Ellen Wisen
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Lumber Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St. Anthony, Ida

Filed Feb. 10 1913 Ray H. Fisher A.M.P. Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 17 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss.

Certificate No. 11467

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Fred Winifred Matthews (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on December 27, 1912 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Records (Bible Record, Insurance Policy, Etc.) prepared on Dec. 27, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	omitted	Dec. 27 1912

Subscribed and sworn to before me this 24th day of May, 1944

W. Addams
Notary Public, residing at St. Anthony, Idaho

My commission expires April 1-1947
(Seal)

Signed Walter Matthews
(Signature of parent ~~testimonial~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St. Anthony, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Fremont } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of May, 1944

W. Addams
Notary Public, residing at St. Anthony, Idaho

My commission expires April 1-1946
(Seal)

Signed Mrs A W Mayo
(Signature of Any Credible Person Other Than Previous Year)

St. Anthony, Idaho.
(Street Address, City, State)

MAY 26 1944

OCT 7 1974

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

412-122-022 -413 (Be sure the information is complete and accurate)

Amended 7-8-68

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11468
Local Reg. No. 43
Reg. Dist. No. 9

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Richard b. (Middle): Matson c. (Last): Mason

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Dec. 22, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Fred b. (Middle): c. (Last): Mason

8. AGE (At time of this birth): 38 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Bookkeeper

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Yerda b. (Middle): S. c. (Last): Matson

13. AGE (At time of this birth): 33 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Sweden

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?): 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. B. West

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: St. Anthony, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb. 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher by A.M.P.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 3 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 11468

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Walter Mason (Name on Original Certificate) who was born (Was Born or Died) on December 22, 1912 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Walter Mason	Richard Matson Mason

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of
July, 19 68

Notary Public, residing at Idaho Falls, Idaho
My commission expires August - 1970
(Seal)

Signed Fred P. Mason
(Signature of Any Credible Person)

929 E 11TH ST. IDAHO FALLS, IDAHO
(Street Address, City, State)

Form No. 155 L 6-21-68. one copy pd. rec. #35827

Own Child's birth Certificate on file (Idaho File) #291918, gives father's full name as Richard Matson Mason - viewed by VS.

Marriage Certificate, State of Utah, County of Salt Lake, gives full name of bride as Mary Ellen Bush and full name of groom as Richard Matson Mason, married December 16, 1935 - viewed by VS.

Form V. S. No. 11—10m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9

Primary Registration District No. 2038

File No. 11468

Registered No. 43

FULL NAME OF CHILD Walter Mason

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Dec 22 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Mason	FULL MAIDEN NAME	Gerda S. Matson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address St Anthony

Filed Feb. 10 1913 Ray H. Gish Registrar

S-Y CO. 20175

Form V. S. No. 11—10m-2-16-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUL 8 1968

259-126022-719

PLACE OF BIRTH

County of Fremont

City of Victor

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 11469

Primary Registration District No. 2037

Registered No. 19

FULL NAME OF CHILD Horace Leroy Berger

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Dec 26 1912

	FATHER	MOTHER
FULL NAME	J H Berger	Edith O. Parsons
RESIDENCE	Victor	Victor
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. O. B. Curtis.

Midwife
(Physician or midwife)

Address Victor - Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 10 19 13 Ray W. Fisk Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING • WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/15/41. w.h.

819-228-022-897

PLACE OF BIRTH

Form V. S. No. 11-C—20m-Z-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Hoden

No. ..... St.

Registration District No. 7 File No. 11470

Primary Registration District No. 2037 Registered No. 20

Hospital

FULL NAME OF CHILD Martha A. Hordy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Dec 28 1912

FATHER		MOTHER	
FULL NAME	Joseph Hordy	FULL MAIDEN NAME	Lillie Hegley
RESIDENCE	Hoden	RESIDENCE	Hoden
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

(Signature) Caroline Rammell

(Physician or midwife)

Address Hoden Ida

Filed Feb 10 19 13 Ray L. Fisher M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 3-6-59

PLACE OF BIRTH

662-12-7022-593

County of Fremont

City of Bates

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11473

Primary Registration District No. 2037 Registered No. 25

FULL NAME OF CHILD Stephen George Foster
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 27, [redacted] 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thomas G. Foster	FULL MAIDEN NAME	Annie Nickell
RESIDENCE	Bates	RESIDENCE	Bates
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

Physician
(Physician or midwife)

Address Driggs

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Feb. 10, [redacted] 1913 Ray H. Fisher, M.S.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

642

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Bates

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11473

Primary Registration District No. 2037 Registered No. 25

FULL NAME OF CHILD _____

Sex of Child: Male	Twin Triplet or other? ( ) and Number in order of birth ( ) (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth: Dec. 27 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos. T. Foster.	FULL MAIDEN NAME	Annie Pickall.
RESIDENCE	Bates	RESIDENCE	Bates
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Kirk

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address D. Riggs.

Filed Feb 10 1913 Ray H. Fisher, M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MAR 6 1959

AFFIDAVIT

STATE OF IDAHO)
) SS:
COUNTY OF TETON)

We, the undersigned being of legal age, residents of Teton County, State of Idaho, hereby certify to the following:

That we are well acquainted with one Stephen George Foster, and that his mothers name is Annabelle Nickell Foster, and that his fathers name is Thomas George Foster, and that said Stephen George Foster was born at Bates, Idaho, December 27th in the year 1912.

Signed this 26th day of January, 1959.

Dwight G. Stone

R. J. Fullmer

Subscribed and Sworn to this 26th day of January, 1959.

Notary Public

Social Security Card, #519-07-4147 gives name as Stephen George Foster - viewed by V.S. L.D.S. Cert. of Baptism, June 27, 1926 gives name as Stephen George Foster - mother's Name as Annabell Nickell - viewed by V.S. Another Child's Birth Cert. on file, #139213 - gives Mother's Name as Anabelle Nickell - viewed by V.S. Not enough documents to correct mother's first name, so we corrected the name as Annie Nickell - V.S.

RECEIVED
DEC 26 1958
IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Teton

Certificate No. 11473
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Foster (Name on Original Certificate) who born (Was Born or Died) on Dec. 27, 1912 (Date of Event) in Bates, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Stephen George Foster
Full Maiden Name of Mother	Annie Nickall	Annabelle Nickell

Subscribed and sworn to before me this 19th day of December 19 58

Notary Public, residing at Driggs, Idaho
My commission expires May 27 1960
(Seal)

Signed Annabelle Nickell Foster
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Driggs, Idaho - Box 82
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

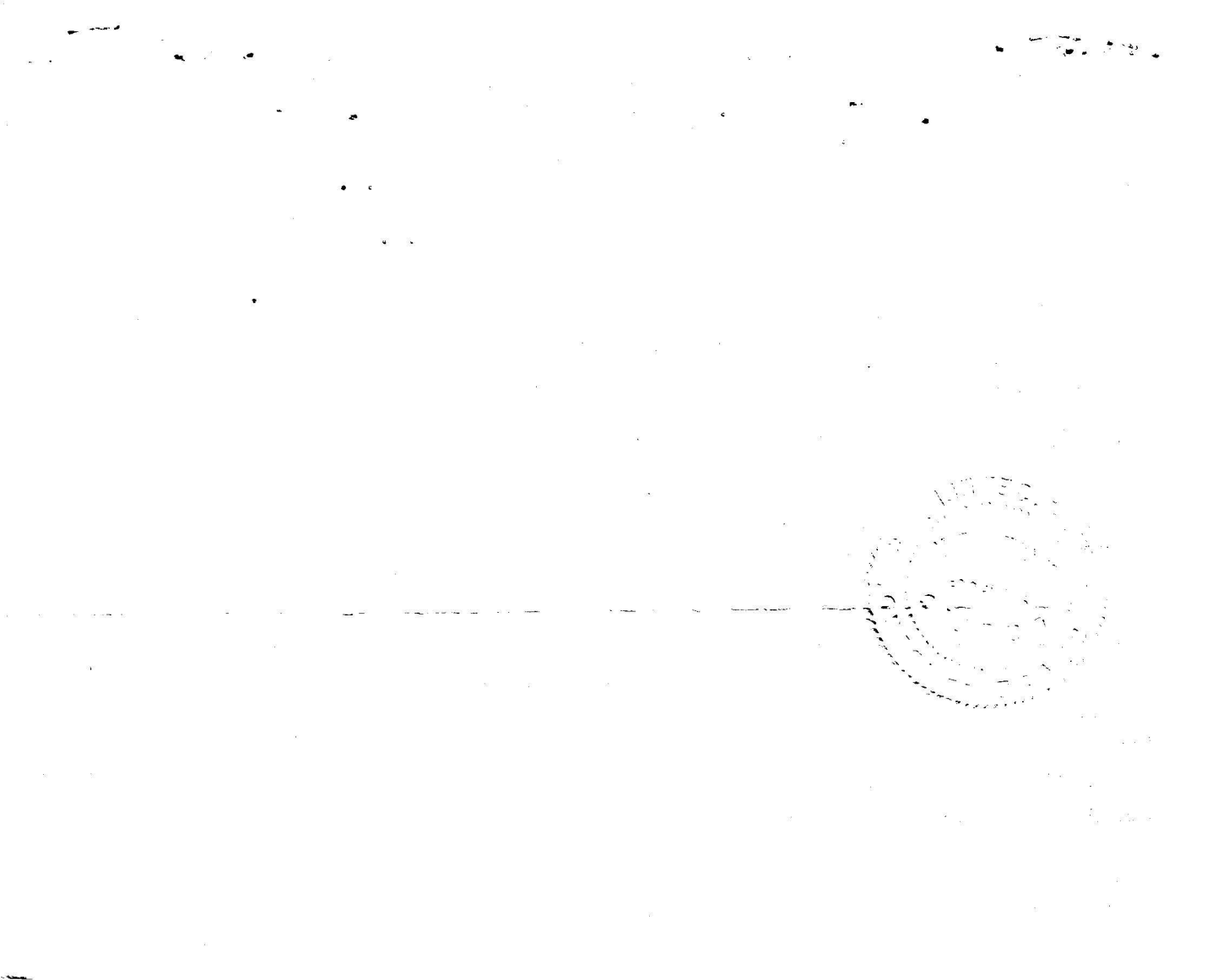
Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155 CL 12-3-58. one copy pd.



862-223-022-259

PLACE OF BIRTH

County of Benewah

City of Squirrel

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11480

Primary Registration District No. 7081 Registered No. 34

FULL NAME OF CHILD Lydia Habkost

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rudolph Habkost	Flora Bergmann
RESIDENCE	Squirrel	Squirrel
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	33
BIRTHPLACE	Mo.	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Horgo

(Physician or midwife)

Address Ashton

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 10 1913. Ray H. Finch M.D.

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

St.

Registration District No. File No. 11480

456-210-022-385

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

Registration District No. 1

File No. 11481

No. ..... St.

Primary Registration District No. 2081

Registered No. 36

Hospital .....

FULL NAME OF CHILD Mavis DeWitt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Nov 10 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Basil De Witt	FULL MAIDEN NAME	Matilda Cherry
RESIDENCE	Ashton	RESIDENCE	Ashton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Australia	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amanda McNivin

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ashton, Ida

Filed Feb 20 1913 Roy H Fisher A.M.P. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1968

235-230-022-753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

Registration District No. 9

File No. 11483

No. ..... St.

Primary Registration District No. 2081

Registered No. 44

Hospital

FULL NAME OF CHILD Jessie Laurene Steele

Sex of Child	Twin (Triplet or other?) and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	June 30 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Foster Steele	FULL MAIDEN NAME	Fea L. Peterson
RESIDENCE	Big Springs	RESIDENCE	Big Springs
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minnesota
OCCUPATION	Forest Ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Hoggis

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ashton Ida

Filed Feb 10 1912 Roy H. Fisher A.M.D. Registrar

Registrar

S-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11—10m-2-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County) of

ed States
artment of Commerce
eau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 114
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH:
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
Private home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 1 years 6 months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs
(f) Mother's mailing address (For registration notice):
(Now) 3815 NE 34 Ave. Portland, Ore.
(Street or R. F. D.) (Postoffice)
3. RESIDENCE OF FATHER (city, state) Idaho

FULL NAME OF CHILD Jessie Laurene Steele
5. Date of Birth (Month, day, year) June 30, 1912
Sex Female **7. Twin or Triplet** No **If so—born 1st, 2nd, 3rd** -- **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD

FULL NAME Foster Steele
Color or Race White **12. Age at time of THIS birth** 28 yrs.
Birthplace Smithfield, Utah
(City or Town) (State or foreign country)
Exact Occupation Forest Ranger
Industry or Business U.S.Dept.Agr. Forest Service

MOTHER OF CHILD

16. FULL MAIDEN NAME Lea Louise Peterson
17. Color or Race White **18.** Age at time of THIS birth 29 yrs
19. Birthplace Benson, Minnesota
(City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:30 P M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Foster Steele, who is
(First name) (Last name)
related to this child as Father
(Mother, etc.)

MAY 20 1942

(a) MAY 8 1942 (b)
(Date received) (Registrar's signature)

Given name added on by
(Registrar's Signature)

25. Attendant's OWN signature [signature] M.D.
(D.O., Midwife, etc.)
and address Ashton, Idaho Date 12/15/42

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the tending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars quired by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the dat birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, n householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or privat stitutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth ha occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signatu make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval tha days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacte

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that pose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other pe charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to fi proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a demeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) Was there an operation for delivery? No

State all operations: None

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before deliv No

(4) Signature of Physician:

S/ G? L. Hargis

231-201-022-000

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2081

File No. 11485

Registered No. 48

FULL NAME OF CHILD Una Ellener Stansell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Nov (Month) 1 (Day) 1912 (Year)

	FATHER		MOTHER
FULL NAME	Orville C Stansell	FULL MAIDEN NAME	Bunice E.
RESIDENCE	Ashton	RESIDENCE	Ashton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Michigan	BIRTHPLACE	Illinois
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Hargis

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Ashton

Filed 2-10 1913 Roy J. Fisher Registrar

S-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAR 18 1968

415-121-022-539

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2081

File No. 11486

Registered No. 56

FULL NAME OF CHILD Evan McL Manning

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Apr. 21 1912

FATHER		MOTHER	
FULL NAME	Rodney H. Manning	FULL MAIDEN NAME	Laura Elizabeth
RESIDENCE	Ashton	RESIDENCE	Ashton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Hargis

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address Ashton Idaho

Filed 2-10 1913 Roy H. Fisher Registrar

S-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1942

236-107.022-895

For a V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Squirrel

No. ..... St.

Hospital .....

Registration District No. 9 — File No. 11487

Primary Registration District No. 2081 — Registered No. 57

FULL NAME OF CHILD Rodney Marvin Stronks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	July (Month) 7 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John W. Stronks	FULL MAIDEN NAME	Jennie L. Yingorf
RESIDENCE	Squirrel	RESIDENCE	Squirrel
COLOR	W — AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W — AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Hargis

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Ashton

Filed 2-10 1913 Roy H Fisher Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

969-21-032-693
Amended 7-28-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11550
Local Reg. No. 10
Reg. Dist. No. 5

1. PLACE OF BIRTH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hagerman
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hagerman
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Louise
b. (Middle):
c. (Last): Iorns

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN X TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd X 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): November 11, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): W.
b. (Middle): V.
c. (Last): Iorns

8. AGE (At time of this birth): 43 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Ohio

10. USUAL OCCUPATION: Druggist

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Hattie
b. (Middle):
c. (Last): Williams

13. AGE (At time of this birth): 36 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Joliet, Illinois

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. V. Fankboner, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Hagerman, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 18, 1912

22. REGISTRAR'S SIGNATURE: W.H. Marshall

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 15 1966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 11550

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Louise Iorns (Name on Original Certificate) who was born (Was Born or Died) on Nov. 11, 1913 (Date of Event)
in Hagerman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	Nov. 11, 1913	November 11, 1912

Subscribed and sworn to before me this 7th day of March, 1966.

Signed Hattie Iorns
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise Idaho

My commission expires Feb 15, 1970

(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of March, 1966.

Signed Keith N. Iorns
(Signature of Any Credible Person)

Notary Public, residing at Boise Idaho

My commission expires Feb 15, 1970

(Seal)

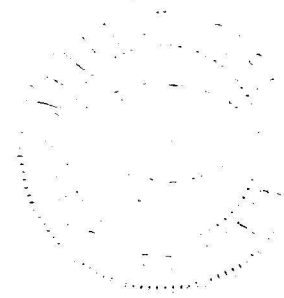
2717 Mildred Boise Idaho
(Street Address, City, State)

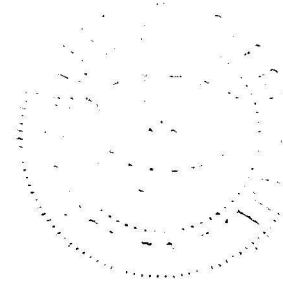
FORM DH 60-155

CL 2-3-66. nm

Photo Copy of Page From Family Record Book, book published in 1914, gives full name ofone child as Louise Iorns, born Nov. 11, 1912 - viewed by V.S.

Photo Copy of Page from Family Bible, appears old and unaltered gives one full name as Louise Iorns, born Nov. 11, 1912 - viewed by V.S.





Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Hagerman

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5

File No. 11550

Primary Registration District No. 2013

Registered No. ~~233~~ 10

FULL NAME OF CHILD Louise Toms

Sex of Child	Twin, ~~Triplet, or other?~~	and	Number in order of birth	Legitimate?	Date of birth
Female	Twin		2	Yes	11 (Month) 11 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W V Toms	FULL MAIDEN NAME	Hattie ~~Toms~~ Williams
RESIDENCE	Hagerman	RESIDENCE	Hagerman,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Joliet Ill.
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. V. Faulkbauer M.D.

(Physician or Midwife)

Address Hagerman, Ida

Filed Dec 18 1912 U. H. Marshall Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 20 1952

JUL 28 1966

969-211-0[illegible] -693

PLACE OF BIR[illegible]

Form V. S. No. 11-C—15m-6-20-11

ST[illegible]DAHO

Burea[illegible] Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hagerman

Registration District No. 5

File No. 11551

No. —, St.

Primary Registration District No. 2013

Registered No. ~~233~~ 13

Hospital —

FULL NAME OF CHILD Dorthy Jorns

Sex of Child	Twin, ~~Triplet, or other?~~	and	Number in order of birth	Legitimate?	Date of birth
Female	Twin		1	Yes	11 (Month), 11 (Day), 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W V Jorns	FULL MAIDEN NAME	Hattie Williams
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Joliet Ill.
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. V. Faulkborn M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Hagerman Idaho

, 19

Filed Dec 18 19 W H Marshall, Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1551

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-124-032-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln.

City of Gooding

No. 3rd Ave. Arizona St.

Hospital Residence

Registration District No. 5

File No. 11554

Primary Registration District No. 2014

Registered No. 19

FULL NAME OF CHILD Grover Alvin Marlatt,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes,	Nov. (Month) 24th (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Grover Marlatt,	FULL MAIDEN NAME	Rosetta Caudle,
RESIDENCE	Gooding, Idaho.	RESIDENCE	Gooding, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43 years	AGE AT LAST BIRTHDAY (Years)	33 years
BIRTHPLACE	Union County, Oregon,	BIRTHPLACE	Springfield, Ill.
OCCUPATION	Cattle Man.	OCCUPATION	Housekeeper,

Number of child of this mother, including present birth Three — Number of children of this mother now living, including present birth Three.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. E. Johanson, (Physician ~~or midwife~~)

Address Gooding, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Nov. 1913

Registrar

Registrar

S-Y CO. 20174

JUN 1 4 1972

231-227.001-451

PLACE OF BIRTH

Form V. S. No. 11-C—30m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1220 Idaho St.

Registration District No. _____ File No. 11572

Primary Registration District No. _____ Registered No. 4

Hospital _____

FULL NAME OF CHILD Elizabeth Eilleen Blackmar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	yes	first	yes	Dec 27 1912

FATHER	MOTHER
FULL NAME Raymond Carlton Blackmar	FULL MAIDEN NAME Hollie Grace Meader
RESIDENCE Boise	RESIDENCE Boise
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Ashland Neb.	BIRTHPLACE Glenwood Iowa
OCCUPATION Electrician	OCCUPATION Housework

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.45a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Lantz

Boise Idaho
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed 2/5 1913 C. M. McConnell Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1942

JUN 24 1943

231-100-00-451

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1220 Idaho *St.*

Registration District No. _____ **File No.** 11573

Primary Registration District No. _____ **Registered No.** 42

Hospital _____

FULL NAME OF CHILD Elvin Berne Blackmar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 12 (Month) (Day) 1912 (Year)
	Boy		

FATHER		MOTHER	
FULL NAME	Raymond Carlton Blackmar	FULL MAIDEN NAME	Nellie Grace Meader
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ashland Neb.	BIRTHPLACE	Glenwood Wis
OCCUPATION	Electrician	OCCUPATION	House wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Shurtz

Boise Idaho
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ *Registrar*

Address _____

Filed 2/5 1912 C S McConnell *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-D—20m-9-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

COLOR

AGE AT LAST BIRTHDAY (Years)

793-118-01X-695

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

Registration District No. 3

File No. 11592

Primary Registration District No. 2005

Registered No. 422

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	12 18 1912

FATHER		MOTHER	
FULL NAME	James E Gilman	FULL MAIDEN NAME	Myrtle Finney
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James E. Gilman

WKT ~~(Physician or midwife)~~ Father

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

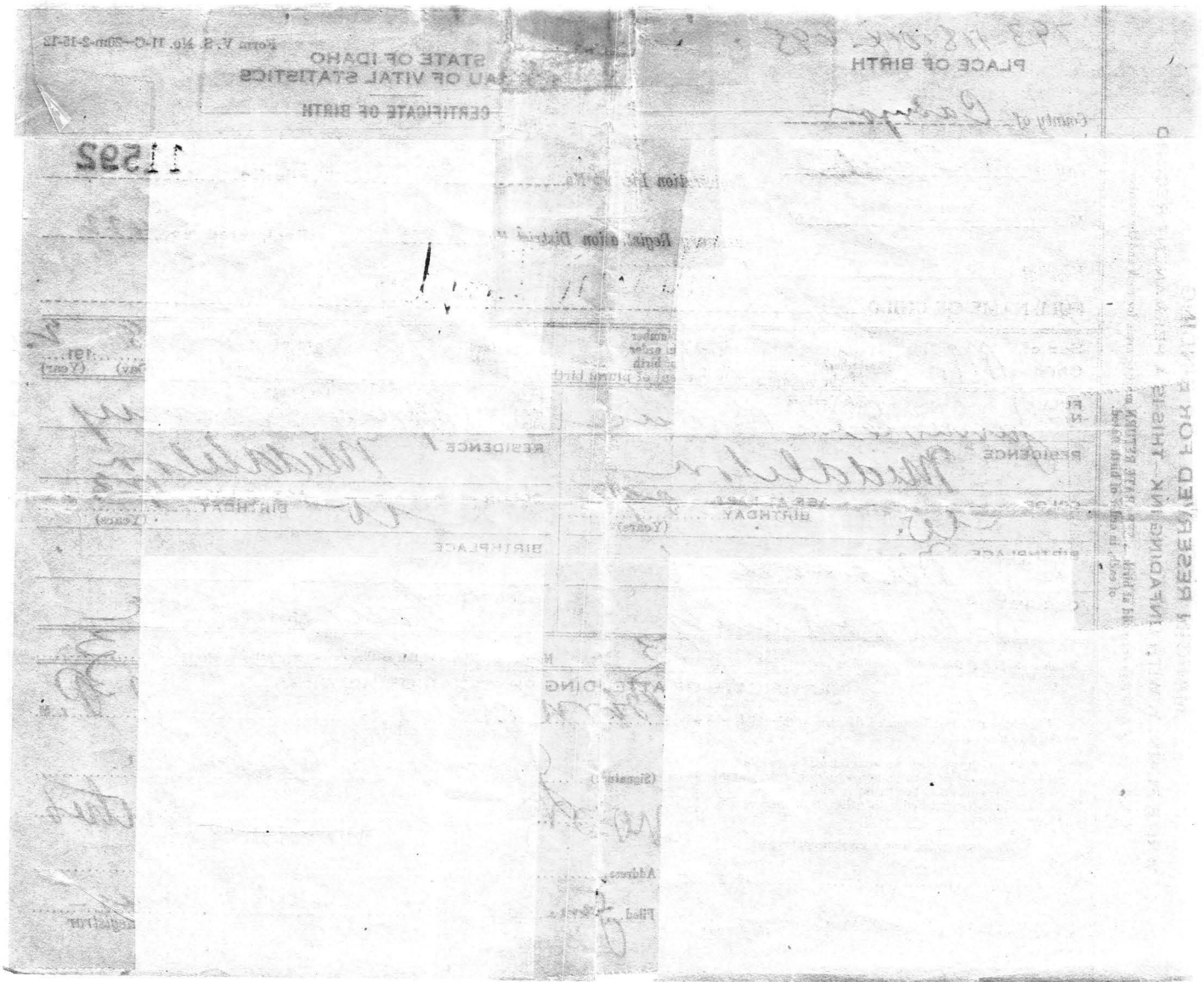
Filed Jan. 13th 1913 J. S. Meyer Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



235-210-014-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

[illegible] Canyon

City of Middleton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 11612

Primary Registration District No. 2005 Registered No. 42

FULL NAME OF CHILD Eleanor Blessinger

Sex of Child F M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Dec 10 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray M Blessinger	FULL MAIDEN NAME	Ida Mow Breshears
RESIDENCE	Middleton Idaho	RESIDENCE	Middleton Idaho
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MC

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Star Idaho

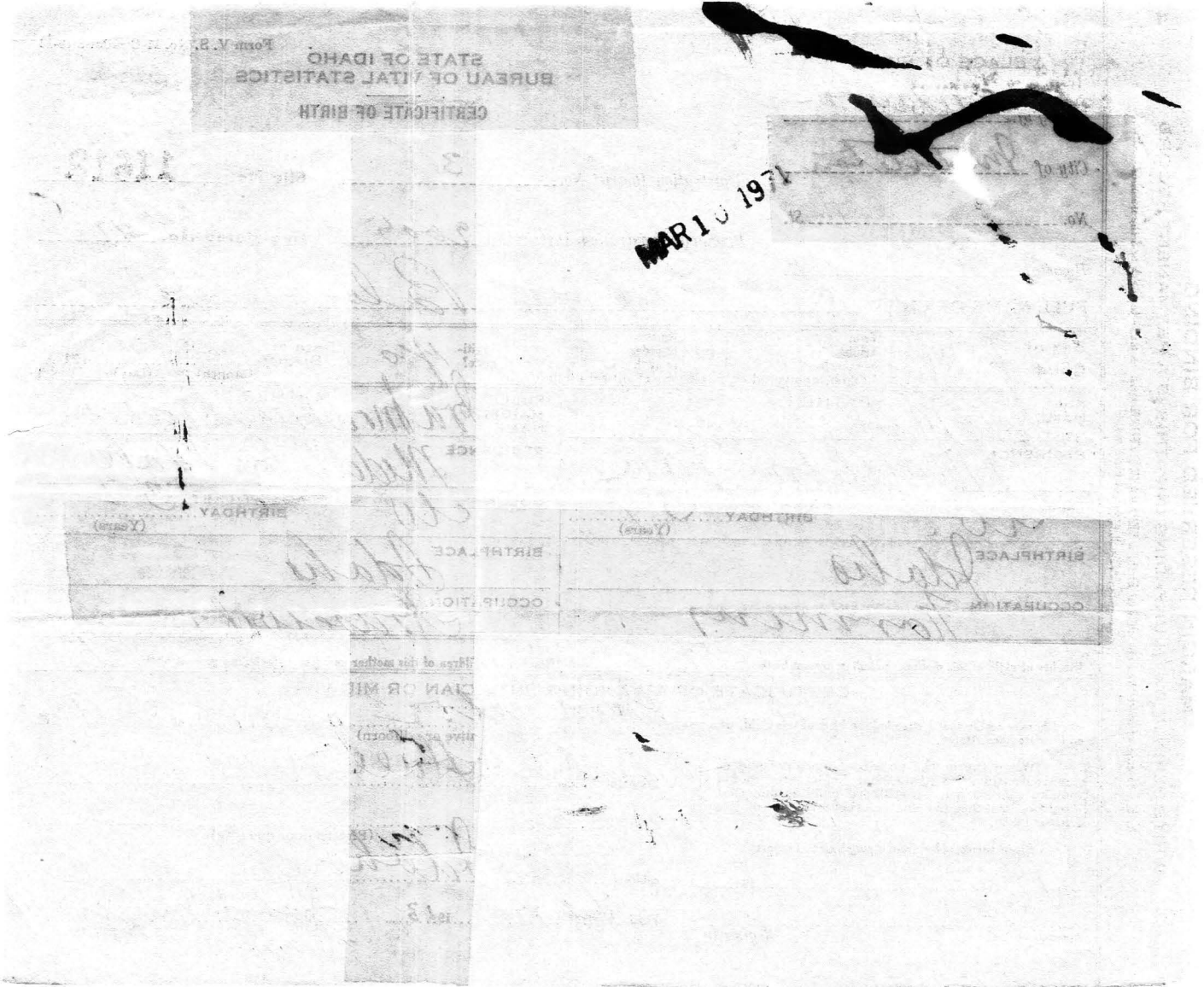
Filed Feb. 27 1913 John S. Meyer Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



459-228-009-000

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

No. ....., ... St.

Hospital .....

Registration District No. 8

File No. 11690

Primary Registration District No. 2033

Registered No. 291

FULL NAME OF CHILD Evelyn Frances Mercer

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	Single		first	yes	Dec (Month), 28 (Day), 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oral Jasper Mercer	FULL MAIDEN NAME	Gertrude Jane —
RESIDENCE	Laclede Idaho	RESIDENCE	Laclede Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nasonville Wis	BIRTHPLACE	Nasonville Wis
OCCUPATION	R.R. Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 28, 1912 (Born alive or stillborn), at 10 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred K W Didier MD

Laclede Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Feb. 28 1913 M McKinnon

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

792-226-009-792

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede Idaho Registration District No. 8 File No. 11691

No. ....., ... St.

Primary Registration District No. 2033 Registered No. 289

Hospital .....

FULL NAME OF CHILD Evelyn Frances Alice Gibson

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Female	Single	2d	Yes	Dec 26, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Edwin Gibson	FULL MAIDEN NAME	Eva Louisa Gibson
RESIDENCE	Laclede Idaho	RESIDENCE	Laclede Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Tonbridge Kent England	BIRTHPLACE	Gillingham Kent England
OCCUPATION	Mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 26 1912, at 2:30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredk W Didier MD

Laclede Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Feb. 28 1913 M. McKinnon

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

542-227-009-244

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ....., ... St.

Registration District No. 8

File No. 11695

Primary Registration District No. 203

Registered No. 290

Hospital .....

FULL NAME OF CHILD Crystal Aretta Edson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 27, 1912

FATHER		MOTHER	
FULL NAME	Bert Edson	FULL MAIDEN NAME	Georgia Anna Sumner
RESIDENCE	Bonners Ferry Ida.	RESIDENCE	Bonners Ferry Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Pennsylvania	BIRTHPLACE	New York State
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leslie J Stauffer

Physician

(Physician or Midwife)

Address Bonners Ferry Ida

Given names added from a supplemental report

....., 19.....

Filed Dec. 29 1912. E E Fry

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 2 0 1974

114-126-011-234

PLACE OF BIRTH

[redacted]

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 8 File No. 11696

No. ____, ____ St. Primary Registration District No. 2034 Registered No. 288

Hospital ____

FULL NAME OF CHILD Walter Howard James

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes.	Dec. 26 — 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter G. James	Kate Stubble.
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Virg.	Virg.
OCCUPATION	Postmaster	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn); at 5.55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician. (Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb. 12 19 13. E. E. Fry Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 16 1952

OCT 5 1945

c.c. 5/28/41. W.h.

469.222.009.296

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Naples

Registration District No. 8

File No. 11711

No. ....., ... St.

Primary Registration District No. 2035

Registered No. 285

Hospital

FULL NAME OF CHILD Charlotte Tessie Morice

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
female	Twin	1	yes	Sept. 22, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John A. Morice	FULL MAIDEN NAME	Violet M. Browning.
RESIDENCE	Naples, Idaho.	RESIDENCE	Naples, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ontario	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Florence Babb.

midwife. (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Naples, Idaho.

Filed Feb. 12 1913 E E Fry

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

464.222.009 296

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Naples.

No. ....., ... St.

Hospital .....

Registration District No. 8

File No. 11712

Primary Registration District No. 2035

Registered No. 286

FULL NAME OF CHILD Violet Susan Morice

Sex of Child: female	Twin, Triplet, or other? Twin and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? yes.	Date of birth Sept. 22, 1912 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	John A. Morice	FULL MAIDEN NAME	Violet M. Browning
RESIDENCE	Naples, Ida.	RESIDENCE	Naples, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ontario.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. [illegible] Babb

Midwife (Physician or Midwife)

Given names added from a supplemental report

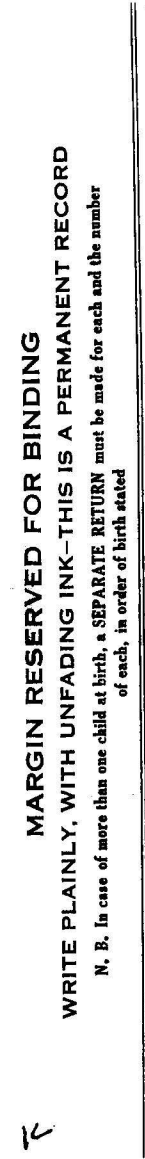
....., 19.....

Address Naples, Idaho.

Filed Feb. 12 — 1913 E E Fry Registrar

Registrar

S-Y CO., 16670



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

APR 1 9 1972

SEP 2 0 1944

469-223-508-296

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Kaples.

Registration District No. 8

File No. 11713

No. ____, ____ St.

Primary Registration District No. 2035

Registered No. 287

Hospital ____

FULL NAME OF CHILD Anna Viola Mae Morice

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	yes	Dec. 25 — 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. L. Morice	Jessie Browning
RESIDENCE	Casarville, Sask.	Casarville, Sask.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Ontario.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or Midwife)

Address Bonner Ferry, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Dec. 27 — 1913 E. E. Fry Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

21[redacted] 014-693

[redacted] BIRTH

Form V. S. No. 11—10m 6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]yon

City of Emmett Idaho. Registration District No. ~~3~~ 22 File No. 11716

No. ....., ... St. Primary Registration District No. 2010 Registered No. 181

Hospital ..... Irma Louise

FULL NAME OF CHILD ~~Selina Matilda~~ Baust

Sex of Child: Female	Twin, Triplet or other: *** and Number in order of birth: *** (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: 12- (Month) 11- (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Fredrick D. Baust,	FULL MAIDEN NAME	Katherine J. Wilhelm,
RESIDENCE	Emmett Ida. U.S.A.	RESIDENCE	Emmett Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mannaheim — Germany	BIRTHPLACE	Oettingen, Bavaria.
OCCUPATION	Broker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8.20P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Berton O. Clark M.D.

(Physician or Midwife)

Given name added from a supplemental report

Address Emmett Ida

....., 19.....

Filed 2-13- 1913 J. L. Reynolds Registrar

Registrar

2-15-1913. [illegible] Local

S-Y CO., 16669

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 11716

Date Filed ~~11716~~

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
First Name	Selina Matilda	Irma Louise Baust

Subscribed and sworn to before me this 14 day of Oct, 19 43

Notary Public, residing at Boise

My commission expires 1/4/47
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Catherine Baust
(Signature of Any Credible Person Other Than Previous Year)

3015 Baltic Ave
(Street Address, City, State)

Long Beach Calif.

OCT 15 1943

FEB 2 0 1976

853 / 22 / 014-252

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Falk

Registration District No. 2

File No. 11717

No. ..... St.

Primary Registration District No. 2012

Registered No. 18

Hospital

FULL NAME OF CHILD George Arden Helm

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Boy		yes	Nov. 22, 1912 (Month) 22 (Day) Friday (Year)

FATHER		MOTHER	
FULL NAME	George Washington Helm	FULL MAIDEN NAME	Emma Kesgard
RESIDENCE	Falk	RESIDENCE	Falk
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Kansas Greenwood Co	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at Falk Ida (Born alive ~~or stillborn~~), at 7 o'clk P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah E Hoagland

(Physician or Midwife)

Given name added from a supplemental report

Address Falk Idaho. Nov 30th 1912

..... 19.....

Filed Dec 3 1912 J L Reynolds Local Registrar

Registrar

S-Y CO., 16669

Feb. 15. 1913 S R Woodward Dep Reg.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 2 1951

DEC 7 1976

613-121-014-789

PLACE OF BIRTH

Name Card Form 2 Mailed

Form V. S. No. 11 [illegible] 6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 322 File No. 11719

No. ....., ... St.

Primary Registration District No. 2010 Registered No. 184

Hospital .....

FULL NAME OF CHILD not named Alvin Arthur Walker

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Oct 21 1912

FATHER		MOTHER	
FULL NAME	Arthur Walker	FULL MAIDEN NAME	Blanch Philips
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Montanna
OCCUPATION	Black Smith	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Emmett Ida

Filed Jan 24 1913 J. L. Reynolds Registrar

Registrar

S-Y CO., 16670

Feb 15 1913 S R Woodward, Dep Reg.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. JUL 23 1941 Certificate No. 11717
County of Gem } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Alvin Arthur Walker (Name on original certificate) who was born (Was born or died) on Oct. 21 - 1912 (Date of event)
in Emmett, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Unnamed	Alvin Arthur Walker
		Alvin Arthur Walker

Subscribed and sworn to before me this 21st day of July 1941
Caroline A. Douglas
Notary Public, residing at Sweet, Idaho
My commission expires May 20-1942
[SEAL]

Signed Mrs Art Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Sweet, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Gem }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of July 1941
Caroline A. Douglas
Notary Public, residing at Sweet, Idaho
My commission expires May 20-1942
[SEAL]

Signed Arthur H Walker
(Signature of any credible person other than the previous affiant)
Sweet, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MAY 27 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

495-129014-168

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted] Canyon

City of Ida Emmett Registration District No. 3 23 File No. 11720

No. ____, ____ St. Primary Registration District No. 2011 Registered No. 183

Hospital ____

FULL NAME OF CHILD John Humphrey Irving

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	** (To be answered only in event of plural births)	**	yes	12 29 1912

FATHER		MOTHER	
FULL NAME	Thomas Irving	FULL MAIDEN NAME	Grace Johnson
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Ida.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or Midwife)

Address Emmett

Given name added from a supplemental report

____, 19____

____ Registrar

Filed 1-16 1913 J. L. Reynolds Registrar

S-Y CO., 16669

Feb 15-1913 Local

OCT 30 1972

10 30 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 11720

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Irving (Name on Original Certificate) who was born (Was Born or Died) on De. 29, 1912 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Irving	John Humphrey Irving

Subscribed and sworn to before me this 30th day of Oct., 1972

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Robert Irving

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

.....

Notary Public, residing at.....

My commission expires.....

(Seal)

Signed.....

(Signature of Any Credible Person)

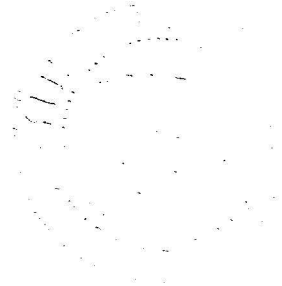
.....

(Street Address, City, State)

Own childs birth certificate on file with State of Idaho gives name of father as John Humphrey Irving. Child born January 5, 1945, # 401657.
Viewed by V.S

NOV 7 1972

Insurancd Policy gives name as JohnH. Irving, # 1530934 Occidental Life Ins. Co. Age 34. Policy issued May 1947.
Viewed by V.S



319-111-014-343

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 3

File No. 11721

Primary Registration District No. 2010

Registered No. 186

FULL NAME OF CHILD Scott Hyatt Carpenter

Not known to me

Sex of Child	Twin, Triplet, or other? ** and Number in order of birth ** (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	12 11 1912

	FATHER		MOTHER
FULL NAME	Samuel J. Carpenter	FULL MAIDEN NAME	Margaret Cutler
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Arz.	BIRTHPLACE	~~Hoooo~~ Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark

(Physician or Midwife)

Given name added from a supplemental report

Address Emmett Ida

..... 19.....

Filed 1-10- 1913 J L Reynolds Local Registrar

Registrar

S-Y CO., 16669

Feb 15 1913

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued October 29, 1940. E.W.

589-114022-853

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Registration District No. 9

File No. 11736

Primary Registration District No. 3040

Registered No. 79

Hospital

FULL NAME OF CHILD D. Leon Christiansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 14 1913

FATHER		MOTHER	
FULL NAME	H. H. Christensen	FULL MAIDEN NAME	Cornia Helbing
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	39
COLOR	W	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 10a P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson M.D.
(Physician or midwife)

Address Rigby - Ida.

Given names added from a supplemental report

..... 19.....

Filed Mch 10 1913 Ray H. Foster
Registrar

..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

559-227-22-297

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lillian

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2081

File No. 11743

Registered No. 111

FULL NAME OF CHILD Mildred Neifert

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Sept. 27 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry D. Neifert	FULL MAIDEN NAME	Delia Lizzie Sippel
RESIDENCE	Lillian	RESIDENCE	Lillian
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~Margaret Ann Briggs~~

E. P. Hargis (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ashton

Filed Mch. 10 1913 Ray H. Fisher Registrar

AMP

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1948

AUG 21 1950

384-202-025-238

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2042~~ 10 File No. 11747

Primary Registration District No. ~~10~~ 2042 Registered No. 255

FULL NAME OF CHILD Mary Caroline Thuli

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 2 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter John Thuli	FULL MAIDEN NAME	Katherine Schneider
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D. (Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

..... 19.....

Filed Feby 2 1913

Jesse L. Rains
Joe Blake Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

Registration District No. File No.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child | Twin | Triplet | Quadrupl | Quinte | Sixth | Seventh | Eighth | Ninth | Tenth | Eleventh | Twelfth | Date of Birth | Hour of Birth

(Month) (Day) (Year)

FULL NAME | FATHER | MOTHER

FULL MAIDEN NAME

RESIDENCE

COLOR | AGE AT LAST BIRTHDAY

(Year)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... on the date above stated.

(Signature)

*When there was no attending physician or midwife, then the father, householder, etc., should ... (Signature)

243-106-040-469

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 11820

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Robert William Butz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct (Month) 6 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Wyeth Butz	FULL MAIDEN NAME	Hattie Morgan
RESIDENCE	Kellogg, Idaho	RESIDENCE	Kellogg, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	No Dakota
OCCUPATION	Grocer	OCCUPATION	House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCrackin M.D. (Physician or midwife)

Address Kellogg, Ida

Filed March 1 1913 H. Chas. A. Dittman Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7|18|41

JUN 12 1970

JAN 30 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLAC[redacted]

Name card, [illegible]

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of 319-112 · 014-819

City of Canyon

No. ....., ... St.

Hospital .....

Registration District No. 3 File No. 11829

Primary Registration District No. 2011 Registered No. [illegible]

FULL NAME OF CHILD ~~Not known to me~~ BERT HAYNES CARPENTER

Sex of Child	Twin, Triplet, or other? ** and Number in order of birth ** (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	**	yes	12 12 1912

FATHER		MOTHER	
FULL NAME	J. Boyd Carpenter	FULL MAIDEN NAME	Vernissa Harris
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or Midwife)

Given name added from a supplemental report

Address Emmett Ida

....., 19.....

Filed 1-10 1913 J. L. Reynolds Local Registrar

Registrar

S-Y CO., 16669

[illegible] 13-1913

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 11829

State of Utah }
County of Iron } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Bert Haynes Carpenter (Name on Original Certificate) who born (Was Born or Died) on Dec 12 - 1912 (Date of Event)
in Emmett Gem Co. Idaho (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Bert Haynes Carpenter

Subscribed and sworn to before me this 6th day of October, 19 43

Notary Public, residing at Cedar City Utah

My commission expires Jan 31-1947
(Seal)

Signed X Vernessa H. Carpenter Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Iron } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of October, 19 43

Notary Public, residing at Cedar City Utah

My commission expires Jan 31-1947
(Seal)

Signed Laura C. Nelson (Sister)
(Signature of Any Credible Person Other Than Previous Year)

438 E. Center St. Cedar City, Utah
(Street Address, City, State)

OCT 7 1943

253-206-014-296

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

No. ....., ... *St.*

Hospital .....

Registration District No. 322 **File No.** 11830

Primary Registration District No. 2010 **Registered No.** 188

FULL NAME OF CHILD Not known to me

Sex of Child Female	**Twin, Triplet, or other?** ** and **Number in order of birth** *** (To be answered only in event of plural births)	**Legitimate?** yes	**Date of birth** 12 (Month) 6 (Day) 1912 (Year)

	FATHER		MOTHER
FULL NAME	Jason W. Kelley	**FULL MAIDEN NAME**	Sadie Brown
RESIDENCE	Emmett Ida	**RESIDENCE**	same
COLOR	White — **AGE AT LAST BIRTHDAY** 35 (Years)	**COLOR**	White — **AGE AT LAST BIRTHDAY** 29 (Years)
BIRTHPLACE	Ida	**BIRTHPLACE**	Mp.
OCCUPATION	Rancher	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 3 **Number of children, of this mother, now living, including present birth** 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 8 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or Midwife)

Given name added from a supplemental report

..... , 19.....

Address Emmett

Filed 1-10 1913 J. L. Reynolds

Registrar

Registrar

S-Y CO., 16669

Feb 13 1913

Rebuttoward Local Dep. Reg.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-110-010-599

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 7 File No. 11857

Primary Registration District No. 2127 Registered No. 27

FULL NAME OF CHILD Carl Bertil Carlson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Dec. (Month) 10 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Hjalmar Carlson	FULL MAIDEN NAME	Ellen Erickson
RESIDENCE	New Sweden Ida	RESIDENCE	New Sweden Ida
COLOR	White ~~Light~~	COLOR	White ~~Light~~
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Oakland, Neb.
OCCUPATION	Farmer	OCCUPATION	Farmer.

Number of child of this mother, including present birth second Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Morrison

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida

Filed Jan 1 1913 W. M. Morrison Registrar

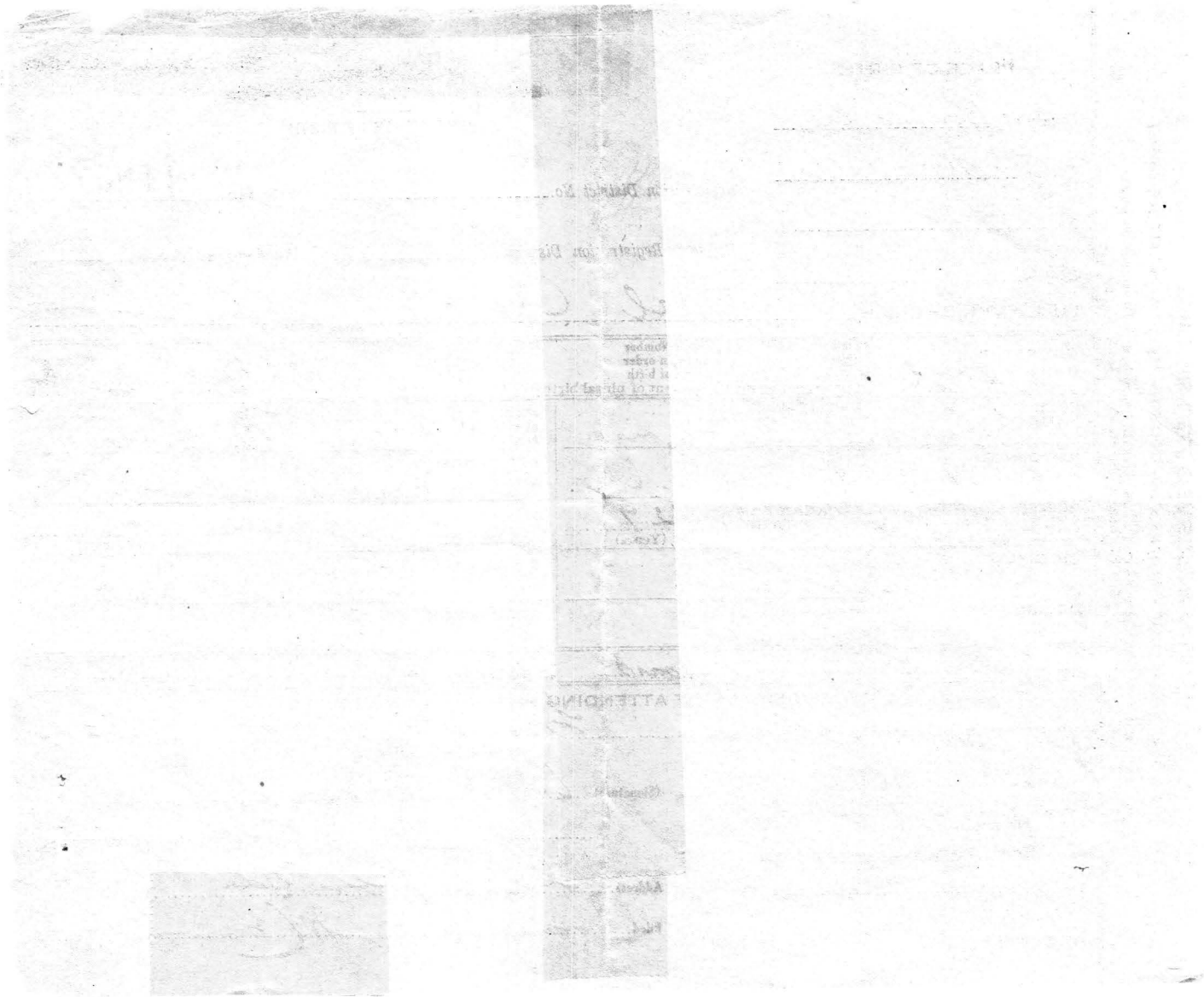
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



454-13100

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Princeton

No. ....., ... St.

Hospital .....

Registration District No. 16 File No. 11975

Primary Registration District No. 2066 Registered No. 75

FULL NAME OF CHILD Duane Guernesey De Marais

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	Aug. (Month) 31 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Karl De Marais	FULL MAIDEN NAME	Vida Sonia Guernesey
RESIDENCE	Princeton Idaho	RESIDENCE	Princeton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Michigan
OCCUPATION	Railroad man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 2nd Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. McCook M.D.

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Princeton

Filed April 3rd 1913. Dr. J. W. Thompson Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 15 1942

JAN 23 1976

863-125-008-251

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Ola

No. ....., ... St.

Hospital .....

Registration District No. 6

File No. 12009

Primary Registration District No. 2020

Registered No. 68

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	1-24-1912

FATHER		MOTHER	
FULL NAME	Frank Holebrook	FULL MAIDEN NAME	Marie Beal
RESIDENCE	Ola Idaho	RESIDENCE	Ola Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Idaho	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Emmett Ida

..... 19.....

Filed 1-24- 1913 J L Reynolds Local Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BIN

WRITE PLAINLY WITH LINE ADDING IN <—THIS IS A

P. S. In case of more than one child at birth, a SEPARATE CERTIFICATE must be

of each, in the order of birth stated

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

944-103-008-336

PLACE OF BIRTH

County of Boise

City of Quartzburg

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 6 File No. 12011

Primary Registration District No. 2219 Registered No. 1272

FULL NAME OF CHILD Wilbur Clowder Rude

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Dec 9, 1912

FATHER		MOTHER	
FULL NAME	Peter Rude	FULL MAIDEN NAME	Anna Clowder.
RESIDENCE	Quartzburg.	RESIDENCE	Quartzburg Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Norway.	COLOR	White.
OCCUPATION	Quartz miner	AGE AT LAST BIRTHDAY (Years)	37
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician

(Physician or Midwife)

Address Placerville

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec 4 1912 G. G. Fitz A.G. Boyd Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 16 1942

Amended 11-5-70

PLACE OF BIRTH

County of Boise

Form V. S. No. 11-C—15m-6-29-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Garden Valley

Registration District No. 6

File No. 12012

No. _____, _____ St.

Primary Registration District No. 2019

Registered No. 71

Hospital _____

FULL NAME OF CHILD Robert William Charters

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	12 (Month), 12 (Day), 1912 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Thomas Charters	FULL MAIDEN NAME	Leona Elizabeth Mautz
RESIDENCE	Garden Valley	RESIDENCE	Garden Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician (Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address Placerville

Filed Mar 17 1913 G. G. Fitz A. G. Boyd

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

10 26 70

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 12012

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for William Robert Charters (Name on Original Certificate) who born (Was Born or Died) on Dec. 12, 1912 (Date of Event) in Garden Valley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	William Robert	Robert William

Subscribed and sworn to before me this 26th day of October, A.D., 1970

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-72

(Seal)

Signed Mrs. Gladis E. Charters

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

417 E. 42nd Boise, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

NOV 5 1970

Own childs birth certificate Robert Lemuel Charters-Idaho State file No. 312015 gives fathers name as Robert William Charters.

Viewed by VS

Church Record -Certificate of Baptism , St. Johns Cathedral of Boise, Idaho gives name as Robert William Charters (Baptized January 11, 1913)

Viewed by VS

365-222-008-366

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Placerville

Registration District No. 6 File No. 12013

No. ____, ____ St.

Primary Registration District No. 2019 Registered No. 2169

Hospital ____

FULL NAME OF CHILD Teresa Elizabeth Connaughton.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	12 22 1912

FATHER		MOTHER	
FULL NAME	Peter Charles Connaughton	FULL MAIDEN NAME	Nancy Elizabeth Conrad
RESIDENCE	Placerville	RESIDENCE	Placerville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas.
OCCUPATION	Merchant	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Fitz Physician

(Physician or Midwife)

Address Placerville Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 1912 G. F. Fitz

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dep of 1912. 19996

317-230-008-753

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of McCall.

No. ....., ... St.

Hospital .....

Registration District No. 6

File No. 12019

Primary Registration District No. 2027

Registered No. 23

FULL NAME OF CHILD Lenia Sofia Lapinaja

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
female		yes.	Nov. (Month) 30 (Day), 1912 (Year)

FATHER		MOTHER	
FULL NAME	John Lapinajo	FULL MAIDEN NAME	Lizzie Ranta Pelkala
RESIDENCE	McCall	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Finlands.	BIRTHPLACE	Finland
OCCUPATION	farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) None Reported

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Mar 17 1913 A. G. Byrd

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 6 1973

363129100823 8

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Boise

City of Arrowrock

No. Riverside Drive *St.*

Registration District No. 6 **File No.** 12022

Primary Registration District No. 2131 **Registered No.** 61

Hospital

FULL NAME OF CHILD James Lester Cotter

Sex of Child M	**Twin, Triplet, or other?** — **and** **Number in order of birth** — (To be answered only in event of plural births)	**Legitimate?** Yes.	**Date of birth** Nov. (Month) 29. (Day) 1912. (Year)

	FATHER		MOTHER
FULL NAME	Dan S. Cotter	**FULL MAIDEN NAME**	Byrd S. Schultz
RESIDENCE	Arrowrock.	**RESIDENCE**	Arrowrock.
COLOR	W. **AGE AT LAST BIRTHDAY** 43. (Years)	**COLOR**	W. **AGE AT LAST BIRTHDAY** 36. (Years)
BIRTHPLACE	Ohio.	**BIRTHPLACE**	Tenn.
OCCUPATION	Miner.	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 4 **Number of children, of this mother, now living, including present birth** 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive **at** 6 A. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw

Physician
(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address USRS Hospital - Arrowrock

Filed Mar 17 1913 A. G. Byrd
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 14 1942

OCT 25 1972

619-231-001-[illegible]

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

Registration District No. 1

File No. 12025

No. ....., ... St.

Primary Registration District No. 2001

Registered No. 44

Hospital

FULL NAME OF CHILD Dorothy May Wardle

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Dec. 31, 1912

FATHER		MOTHER	
FULL NAME	Alfred Wardle	FULL MAIDEN NAME	Annie Maria Simpson
RESIDENCE	Star	RESIDENCE	Star
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	England.	BIRTHPLACE	England.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Naugle. M. D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Feb. 14 1913

..... Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child [illegible] SEPARATE RETURN must be made for each and the number [illegible] order of birth stated

AUG 16 1960

HEIN KESSEL
UNIVERSITY

Amended 5/19/69

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12027
Local Reg. No. 46
Reg. Dist. No. 1

1. PLACE OF BIRTH

a. COUNTY: Ada

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Star

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Ada

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Star

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Clarence

b. (Middle): Elmer

c. (Last): Leis

4. SEX: M

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Dec. (Day) 6, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Henry

b. (Middle):

c. (Last): Leis

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Russia

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mollie

b. (Middle):

c. (Last): Thiel

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Russia

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. E. Naugle, M. D.

18. ATTENDANT AT BIRTH: M.D. X ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Star

20. DATE SIGNED: Dec 6, 1912

21. DATE REC'D BY LOCAL REG.: Dec. 6, 1912

22. REGISTRAR'S SIGNATURE: J. E. Naugle

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED NOV 14 1966 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Fremont

Certificate No. 12027

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Lies (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 6, 1912 (Date of Event)

in Star, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on Oct 31 1966 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Clarence Elmer Leis
Father's Last Name	Lies	Leis

Subscribed and sworn to before me this 31 day of October, 19 66

La Monte Bauer

Notary Public, residing at Clerk of District Court

My commission expires elective

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of October, 19 66

La Monte Bauer

Notary Public, residing at Clerk of District Court

My commission expires elective

(Seal)

Signed Lydia Dickerson

(Signature of Any Credible Person)

St. Anthony, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 11-8-63. rm one copy pd. rec. #2909.

National Service Life Insurance dated May 1, 1943. Certif. No. 11 583 112 gives name as Clarence Elmer Leis. Signed by E. L. Remsen. Viewed by V. S.

Census record for the school year of 1921 gives name of child as Clarence Elmer Leis. From Fremont County, Idaho. Son of Henry leis. Signed by Clerk of the District Court. Viewed by V. S.

Census record of Clarence Elmer Leis for the school year of 1921 gives name as Henry Leis as father. Census taken in Fremont County. Viewed by V. S.

Warranty Deed dated Nov. 10, 1952 gives fathers name as Henry Leis. Book 57 Page 441. O.K. Meservy signed the document. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Star

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 12027

Primary Registration District No. 2001 Registered No. 46

FULL NAME OF CHILD Baby Lies

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Dec 6, 1912

FATHER		MOTHER	
FULL NAME	Henry Lies	FULL MAIDEN NAME	Mollie Thiel
RESIDENCE	Star	RESIDENCE	Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

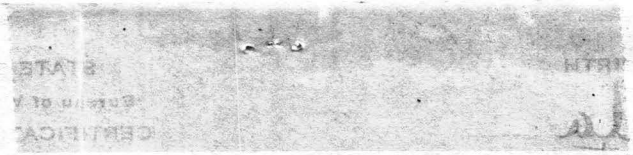
(Signature) J. Mangle M.D.

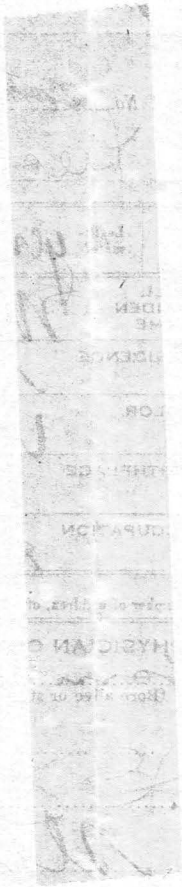
(Physician or Midwife)

Address Star

Filed Dec 6 1912 J. Mangle Registrar

S-Y CO., 16670





MAY 19 1969

253-106-001-714

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

Registration District No. 1

File No. 12028

No. ....., ... St.

Primary Registration District No. 2001

Registered No. 47

Hospital

FULL NAME OF CHILD John Wesley Bell

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—		—	yes	Dec 6, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alexander Wesley Bell	FULL MAIDEN NAME	Maude Pauline
RESIDENCE	Star	RESIDENCE	Star
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Nangle M. D.

(Physician or Midwife)

Given names added from a supplemental report

Address Star

..... 19.....

Filed Dec 6 1912 J. E. Nangle Sub Registrar

Registrar

Feb 14 - 1913 J. M. Taylor

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

455-129-036-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

[redacted]

[redacted] S. No. 11-C—10m-8-7-11

County of Oneid[redacted]

City of Preston

No. ....., ...

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12043

Primary Registration District No. 2119 Registered No. 68

FULL NAME OF CHILD Glen Meecham

Sex of Child male	Twin, Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? yes	Date of birth Nov. 29 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Milando S. Meecham	FULL MAIDEN NAME Vida Vail
RESIDENCE Riverdale, Idaho	RESIDENCE Riverdale, Idaho,
COLOR White AGE AT LAST BIRTHDAY 22 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Glendale, Idaho	BIRTHPLACE Riverdale, Idaho.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov. 29 1912, at 3 45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slates

Physician
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston, Idaho

Filed 3/8 1913 D C Ray

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-C-11

IN RESERVED FOR BINDING

UNFADING INK—THIS IS A PERMANENT RECORD

419-209-036236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Franklin

No. ....., ... St.

Hospital .....

Registration District No. 18 File No. 12044

Primary Registration District No. 2119 Registered No. 69

FULL NAME OF CHILD Florance Marshall

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	✓		✓	Yes	Dec. 9, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bert Marshall	FULL MAIDEN NAME	Nellie Sloan
RESIDENCE	Franklin, Idaho.	RESIDENCE	Franklin, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Franklin, Idaho.	BIRTHPLACE	Alma, Wyoming.
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec. 9, 1912 at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston, Idaho.

Filed 3-8 1913 D. C. Ray

Registrar

Registrar

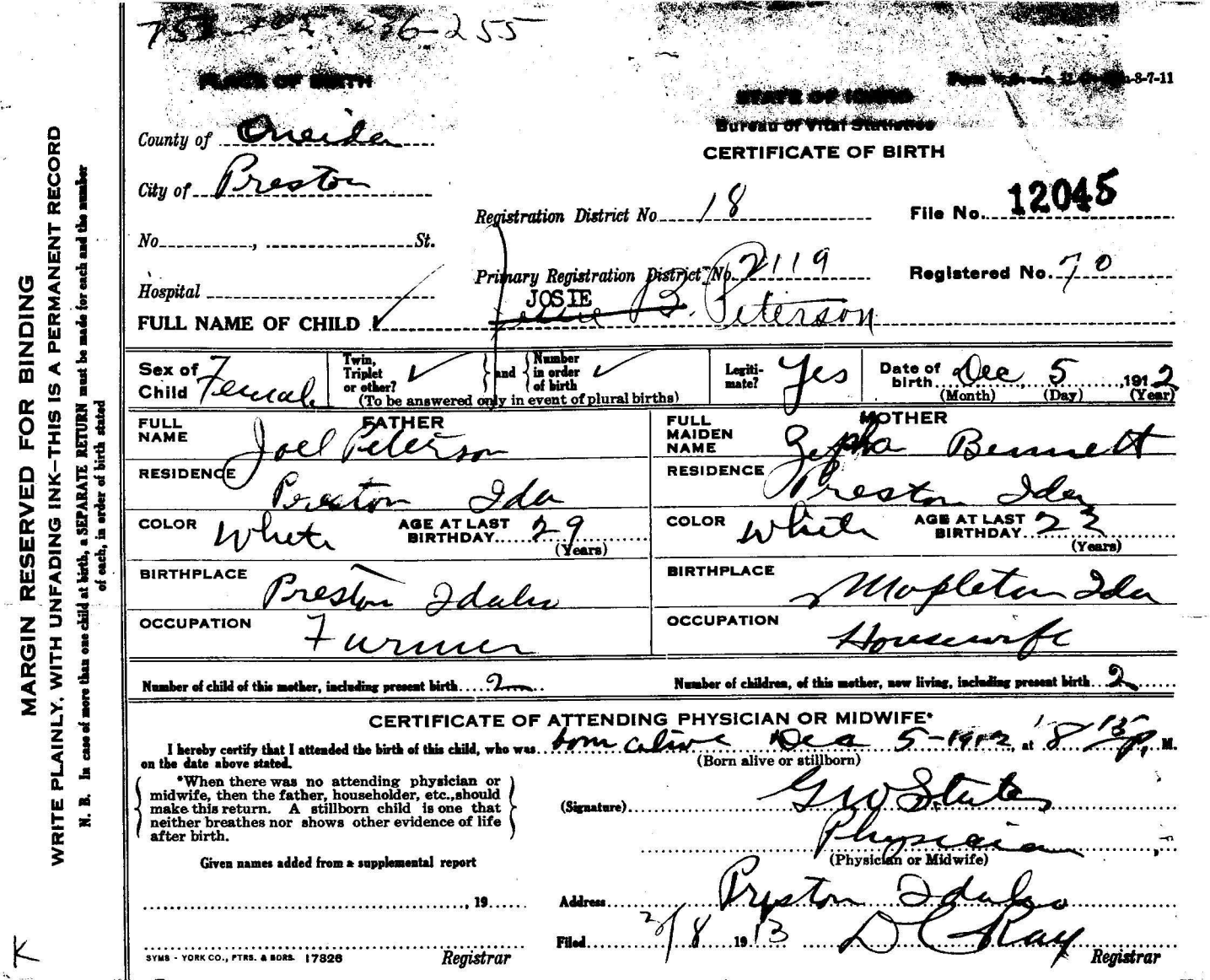
SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

BIRTHPLACE

OCCUPATION



PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No _____, _____ St.

Hospital _____

Registration District No. 18 File No. 12045

Primary Registration District No. 2119 Registered No. 70

FULL NAME OF CHILD JOSIE [illegible] Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	Yes	Dec 5 1912

	FATHER	MOTHER
FULL NAME	Joel Peterson	FULL MAIDEN NAME Zepha Bennett
RESIDENCE	Preston Ida	RESIDENCE Preston Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Preston Idaho	BIRTHPLACE Mapleton Ida
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 5-1912, at 8 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Steele

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 2/8 19 13 D C Ray

SYMS - YORK CO., PTRS. & BORS. 17826

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 10 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Preston

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth

(a) State Idaho (b) County Oneida

(c) City Preston

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Josie Peterson

5. Date of Birth of Child (Month, day, year) Dec 5 1912

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Joel Peterson

11. Color or Race white **12.** Age at time of THIS birth 29 yrs.

13. Birthplace Preston (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zepha Bennett

17. Color or Race white **18.** Age at time of THIS birth 22 yrs

19. Birthplace Mapleton (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Zepha Peterson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature G. W. States M.D. ~~Midwife~~ Address Boise Idaho Date 5-18-1943

JUN 11 1943

MAR 21 1944

MAR 12 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

242-D3-036-415

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ....., ... St.

Hospital .....

Registration District No. 18

File No. 12049

Primary Registration District No. 2069

Registered No. 14

FULL NAME OF CHILD George Davis Bush

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	6	Yes.	11 - 13 - 1912

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Arthur W. Bush.	FULL MAIDEN NAME	Rebecca Davis.
RESIDENCE	Malad, Idaho	RESIDENCE	Malad.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Malad Idaho	BIRTHPLACE	Willard Utah
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth ~~6~~ 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns, M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Malad Idaho

Filed 3/8 1913 D C Ray

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 12049
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for Unnamed (Name on original certificate) who born (Was born or died) on 10-13-12 (Date of event)
in Malad, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (Bible record, insurance policy, etc.) prepared on 12-26-1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	Omitted	Geo. Davis Bush
Date of birth	10-13-12	11-13-12
Number of Children	6	7

Subscribed and sworn to before me this 26th
day of December 1941
Florence LaSalle
Notary Public, residing at Boise Idaho
My commission expires 4-20-44
[SEAL]

Signed Rebecca Davis Bush
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

DEC 27 1941

OCT 29 1943

JUL 27 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

155-218-036-389

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ....., ... St.

Hospital .....

Registration District No. 18 File No. 12050

Primary Registration District No. 2069 Registered No. 75

FULL NAME OF CHILD GAYLE Evans

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	/	5	Yes	12 (Month) – 18 (Day), 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David P. Evans	FULL MAIDEN NAME	Eliza Chivers
RESIDENCE	Malad Ida	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Jeweler	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns M.D.

(Physician or Midwife)

Address Malad Ida

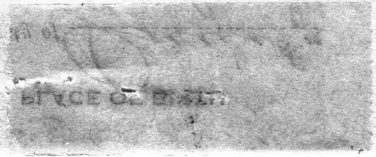
Filed 3/8 1913 D C Ray Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Oneida }

Certificate No. 12050

Date Filed APR 6 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Gayle Evans (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec 18 1912 (DATE OF EVENT)
in Malad, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Evans	Gayle Evans

Subscribed and sworn to before me this 4th
day of April, 1942.
Edward Woolley
Notary Public, residing at Malad, Idaho
My commission expires Nov. 10. 1944
(SEAL)

Signed Mrs. Eliza Evans
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 4th
day of April, 19 42.
Edward Woolley
Notary Public, residing at Malad, Idaho
My commission expires Nov. 10. 1944.
(SEAL)

Signed Dick D. Funnell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Malad, Idaho R.F.D. #1
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 9 1942

DEC 7 1971

165-2011 76-713

Amended 4-3-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12051
Local Reg. No. 76
Reg. Dist. No. 18

1. PLACE OF BIRTH
a. COUNTY: Oneida
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Annis
b. (Middle):
c. (Last): Jones

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): 12 - 30 - 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Hugh
b. (Middle): W.
c. (Last): Jones

8. AGE (At time of this birth): 41 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Malad, Idaho
10. USUAL OCCUPATION: Farmer & Mgr. Studebaker
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Maggie
b. (Middle):
c. (Last): Palmer

13. AGE (At time of this birth): 35 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Malad, Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. M. Kerns, M.D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Malad, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 3/8/1913
22. REGISTRAR'S SIGNATURE: D.C. Ray
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12051

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Anna S. Jones (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1912 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Anna S. Jones	Annis Jones

Subscribed and sworn to before me this 28th day of February, 19 67

Notary Public, residing at Malad, Idaho

My commission expires 8-6-68

(Seal)

Signed Margaret Palmer Jones

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

401 Bannock Malad, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

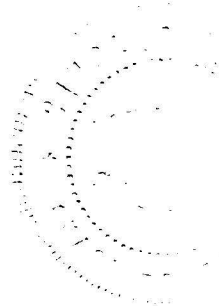
(Street Address, City, State)

FORM DH 60-155 in office 11-17-66.

rec. pd - Rec # 9339

Own Child's birth cert. on file: (Idaho Birth) #285074 gives full maiden name of mother as Annis Jones - viewed by V.S.

L.D.S. Church Cert. of Blessing, May 4, 1913 gives full name as Annis Jones, daughter of Hugh W. Jones and Margaret Palmer, born Dec. 30, 1912 at Malad, Idaho - viewed by V.S.



Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12051

Primary Registration District No. 2069 Registered No. 76

FULL NAME OF CHILD Irma S. Jones

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1	5	Yes	14, 30, 1917

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hugh W. Jones	FULL MAIDEN NAME	Maggie Palmer
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Malad Ida.	BIRTHPLACE	Malad Ida.
OCCUPATION	Farmer, Mgr. Studebaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns, M.D. (Physician or Midwife)

Address Malad Ida.

Filed 3/8 1913 D. C. Ray Registrar

Given names added from a supplemental report

....., 19....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

APR 3 1967

234-031.036-693

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 18

File No. 12052

Primary Registration District No. 2069

Registered No. 77

FULL NAME OF CHILD Alice

Sex of Child, Female

Twin, Triplet, or other? ____ and Number in order of birth 4

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth 12 (Month) 31 (Day) 191.. 2 (Year)

FATHER		MOTHER	
FULL NAME	Evan Stuart	FULL MAIDEN NAME	Mary E. Williams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Malad Ida.	COLOR	White
OCCUPATION	Farmer.	AGE AT LAST BIRTHDAY (Years)	35
		BIRTHPLACE	Tamaria Ida.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or ~~stillborn~~), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. M. Nurse M.D.

(Physician or Midwife)

Address Malad Ida.

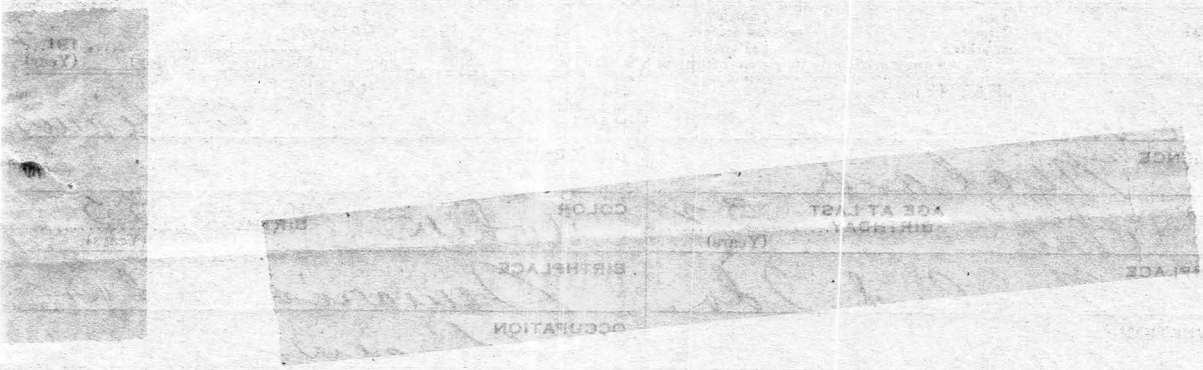
Filed 2/8 19 18 D. C. Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

913-218 044-794

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12065

Primary Registration District No. 2114. Registered No. 17

FULL NAME OF CHILD Bernice May Ralph

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A. Ralph	Maud Griffin
RESIDENCE	Cambridge Idaho	Cambridge Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Washington	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. Martin M.D

(Physician or Midwife)

Address Council Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed March 1st 1913 M. R. Hamilton

Registrar

S-Y CO., 16670

APR 13 1942

249-120-002-285

PLACE OF BIRTH

County of Adams

City of Indian Valley

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-15m-6-20-11

Registration District No. 26 File No. 12066

Primary Registration District No. 2114 Registered No. 18

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes.	Sept 20, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dan Buzzard	FULL MAIDEN NAME	Annie Sherts
RESIDENCE	Indian Valley	RESIDENCE	I V
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Ranching	OCCUPATION	House wife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

MD

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address Cambridge Ida

Filed March 1st 1913 W. R. Hamilton

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

215-1091-003-685

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Dempsey

No. ....., ... St.

Hospital .....

Registration District No. 11

File No. **12112**

Primary Registration District No. 2047

Registered No. 59

FULL NAME OF CHILD Owen Ugen Banks

Sex of Child: boy	Twin, Triplet, or other? 1 and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? yes	Date of birth: Nov (Month), 9 (Day), 1912 (Year)

FATHER		MOTHER	
FULL NAME	Wiley Banks	FULL MAIDEN NAME	Perthena Wheat
RESIDENCE	Dempsey Ida	RESIDENCE	Dempsey Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy Toone

Midwife (Physician or Midwife)

Address Dempsey Ida

Given names added from a supplemental report

....., 19....

Ellis Kaney Registrar

Filed Mar 10, 1913 Ellis Kaney Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

386-125-003-349

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Lago

No. Idaho St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12117

Primary Registration District No. 2048 Registered No. 64

FULL NAME OF CHILD Harrin Turner Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	25 1912

	FATHER		MOTHER
FULL NAME	Howard L Thomas	FULL MAIDEN NAME	Annie May Turner
RESIDENCE	Riverdale Idaho	RESIDENCE	Riverdale Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30 1912	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Lago Idaho
OCCUPATION	farmer	OCCUPATION	Wife ~~farmer~~

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [redacted] (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner

(~~Physician~~ or midwife)

Address Lago Idaho

Given names added from a supplemental report

19

Ellis Kaukly Registrar

Filed March 10, 1913 Ellis Kaukly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396 [redacted] 06349

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Lago Idaho

Registration District No. 11

File No. 12118

No. ..... St.

Primary Registration District No. 2048

Registered No. 63

Hospital .....

FULL NAME OF CHILD Richard warner crossley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	6 - 27 1912 (Month) jen (Day) 27 (Year)

FATHER		MOTHER	
FULL NAME	William H Crossely	FULL MAIDEN NAME	pauline Turner
RESIDENCE	Thatcher Idaho	RESIDENCE	Warner
COLOR	W	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	germany
OCCUPATION	farmer	OCCUPATION	+ Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner

(~~Physician~~ or midwife)

Given names added from a supplemental report

..... 19.....

Address Lago Idaho

Filed March 10, 1913

Ellis Kaisly
Registrar

Ellis Kaisly
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

666129 003-389

Form V. S. No. [redacted]

PLACE OF BIRTH

County of Bannock

City of Lago Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. **12121**

Primary Registration District No. 2048 Registered No. 60

FULL NAME OF CHILD William Fowler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	11 (Month) 29 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	William Fowler	FULL MAIDEN NAME	Bose marea Christson
RESIDENCE	Niter Idaho	RESIDENCE	Niter Idaho
COLOR	white — AGE AT LAST BIRTHDAY 24 (Years)	COLOR	white — AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Lago Idaho	BIRTHPLACE	Lago Idaho
OCCUPATION	farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Lago Idaho

Ellis Hardy Registrar

Filed March 14 1913 Ellis Hardy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

619-715-619-655

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Leslie

Registration District No. 14

File No. 12154

No. ....., ... St.

Primary Registration District No. 2064

Registered No. 88

Hospital .....

FULL NAME OF CHILD Infant Warnick

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	11, 15, 1912

FATHER		MOTHER	
FULL NAME	John M. Warnick	FULL MAIDEN NAME	Elvira Wenner
RESIDENCE	Leslie	RESIDENCE	Leslie
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Iowa	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Hwifs

Number of child of this mother, including present birth 15

Number of children, of this mother, now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Mackay, Idaho.

....., 19....

Filed 2/12 1913 C. E. Kirkley

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

659-122-022-993

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. 1 St.

Registration District No. 9

File No. 12159

Primary Registration District No. 7039

Registered No. 12

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 22 1912

	FATHER	MOTHER
FULL NAME	L. J. Briant	FULL MAIDEN NAME Amy C. Ricks
RESIDENCE	Rexburg.	RESIDENCE Rexburg.
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE Idaho.
OCCUPATION	Mechanic.	OCCUPATION Home duties.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 1.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Erickson

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report

.....19.....

Filed Mch 10 1913

.....
Registrar

S-Y CO. 20175

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912 - 321891

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

557-125-022-965

PLACE OF BIRTH

County of Fremont

City of Herbert

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9

Primary Registration District No. 2039

File No. 12161

Registered No. 104

FULL NAME OF CHILD Constantine Ernest Englund (CONSTANTINE LEONE ENGLUND)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Dec 25 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Constantine E. Englund (ENGLUND)	FULL MAIDEN NAME	[illegible] G. Rönnenkampe
RESIDENCE	Herbert	RESIDENCE	Herbert
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rosine Pfost

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Herbert

Filed Mch. 10 1913 Roy H Fisher Registrar

Registrar

S-Y CO. 20175

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMENDMENT AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 12161

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Constantine Leone Englund (Name on Original Certificate) who Born (Was Born or Died) on Dec. 25, 1912 (Date of Event)
in Herbert Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on 1912 and 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Constantine Ernest	Constantine Leone Englund
Surname	England	Englund

Subscribed and sworn to before me this 3rd
day of July, 1942

Notary Public, residing at Rupert Idaho

My commission expires June 22 1943
(Seal)

Signed Constantine Ernest England
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19....

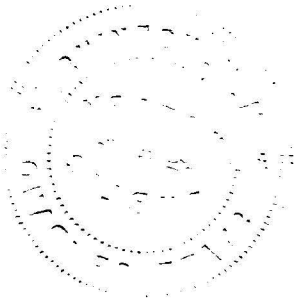
Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 6 1942



351-201-082-259

PLACE OF BIRTH amended 4/10/80

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Herbert

No. ..... St.

Registration District No. 9

File No. 12162

Primary Registration District No. 2039

Registered No. 105

Hospital

FULL NAME OF CHILD Hazel Leatham

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	~	~	Yes	June 1 1912

FATHER		MOTHER	
FULL NAME	Rex Allen Leatham	FULL MAIDEN NAME	Julia May Berry
RESIDENCE	Herbert	RESIDENCE	Herbert
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rosina Fleet

(Physician or midwife)

Address Herbert

Filed Mch 10 1913 Roy H. Fisher Registrar

Sam G.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-25-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 10 1 08 PM '80

State of _____ } ss.
County of _____ }

Certificate No. 12162
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Hazel Leatham (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 1, 1913 (Date of Event)

in Herbert (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs birth date	Jan. 1, 1913	June 1, 1912

Subscribed and sworn to before me this 8th day of April, 1980.

Notary Public, George Gochnour

Residing at Salt Lake City

My commission expires 14 Aug 1982

(Seal)

Hazel L. Saylar
Signature of Applicant

2220 E 3300 So. Apt 17, Salt Lake City, Utah 84109
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Rush!

Certif of Blessing from the LDS Church gives name as Hazel Berry Leatham daughter of Rex Allen Leatham andJulia May ~~XXX~~ Berry. born June 1, 1912 at Herbert, Idaho. Blessed Oct 6, 1912. viewed by V. S.

APR 10 1980

Certif ofBaptism from the LDS Church gives nameas Hazel Berry Leatham daghter of Rex Allen Leatham and Julia May Berry. born June 1, 1912 at Herbert, Idaho Baptized July 3, 1920. viewed by V. S.

381-2071028-863

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ____, ____ St.

Hospital ____

Registration District No. 12 File No. 12261

Primary Registration District No. 2049 Registered No. 326

FULL NAME OF CHILD Mary Ellen Chadbourne

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	3	Yes	Oct. 7, 1912

FATHER	MOTHER
FULL NAME: Fred Chadbourne	FULL MAIDEN NAME: Hollingsworth
RESIDENCE: Harrison Idaho.	RESIDENCE: Harrison Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years):	AGE AT LAST BIRTHDAY (Years):
BIRTHPLACE: Ind	BIRTHPLACE: Ind
OCCUPATION: Labour.	OCCUPATION: Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Oct 7, 1912 at 2.30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. M. Finney

Physician

(Physician or Midwife)

Address Harrison

Given names added from a supplemental report

....., 19.....

Filed 3/10 1913 A. D. Freeman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 1945

284-129-028-236

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ....., ... St.

Hospital .....

Registration District No. 14

File No. 12262

Primary Registration District No. 2049

Registered No. 329

FULL NAME OF CHILD Harold Frank

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	4	Yes	Dec 29 1912

FATHER		MOTHER	
FULL NAME	Frank A Shulte	FULL MAIDEN NAME	Marry Stoll
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 29 1912 at 4:30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J M Finney

Physician

(Physician or Midwife)

Given names added from a supplemental report

Address Harrison Idaho

....., 19.....

Filed 3/10 1913 S D Drennan

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup of 1912-299919

243-123-028-749

PLACE OF BIRTH

County of Kootenay

City of Lane

No. ....., ... St.

Hospital —

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12263

Registration District No. 12 File No. .....

Primary Registration District No. 2049 Registered No. 328

FULL NAME OF CHILD — Butler

Sex of Child: M	Twin, Triplet, or other? Twin and Number in order of birth 1st (To be answered only in event of plural births)	Legitimate? yes	Date of birth Dec 23, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis W. Butler	FULL MAIDEN NAME	Minnie Purdue
RESIDENCE	Lane Idaho	RESIDENCE	Lane Idaho
COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Iowa
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or Midwife)

Address Wallace Idaho

Given name added from a supplemental report

....., 19.....

Filed 3/10 1913 D D Freeman Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 5 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

243-224-228-249

Amended 5/30/73

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12264

County of Kootenay

City of Lane

Registration District No. 12

File No.

No. —, St.

Primary Registration District No. 2049

Registered No. 327

Hospital —

FULL NAME OF CHILD Lolo Bernadine Butler

Sex of Child F	Twin, Triplet, or other? Twin and Number in order of birth 1st (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Dec (Month) 24 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Louis W. Butler	FULL MAIDEN NAME	Minnie Purdue
RESIDENCE	Lane Idaho	RESIDENCE	Lane Idaho
COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Iowa
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or Midwife)

Address Wallace Ida

Given name added from a supplemental report

, 19

Filed 3/10 1913 D D Drennan

Registrar

Registrar

S-Y CO., 16669

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 14 11 11 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Kootenai } ss.

Certificate No. 12264

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Butler (Female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 23, 1912 (Date of Event)
in Lane, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Lolo Bernadine Butler
Dte of birth	December 23, 1912	December 24, 1912

Subscribed and sworn to before me this 11 day of April, 19 73

Signed Lolo Bernadine Welch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) myself

Box 25 Cataldo, Idaho 83810
(Street Address, City, State)

Notary Public, residing at NOTARY PUBLIC for the State of Idaho
My commission expires Residing at Coeur d'Alene, Idaho
(Seal) My commission expires July 1, 1976

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of April, 19 73

Signed Lyle Crawford
(Signature of Any Credible Person) First Cousin

1050 N 15 Coeur d'Alene Idaho.
(Street Address, City, State)

Notary Public, residing at NOTARY PUBLIC for the State of Idaho
My commission expires Residing at Coeur d'Alene, Idaho
(Seal) My commission expires July 1, 1976

FORM DH 60-155 CL 4/7/72 nm

Census report of 1925 for school gives name as Lolo Bernadine Butler. Was 12yrs. old. Viewed by V. S.

MAY 30 1973

Cradle Roll Certificate gives child's name as Lolo Bernadine Butler child of Mr. & Mrs. L. W. Butler. Born Dec. 24, 1912. Dated May17, 1915. Viwed by V. S.

PLACE OF BIRTH

County of [illegible]

STATE OF [illegible]

Bureau of Vital Statistics

CERTIFICATE OF [illegible] 3

Form V. S. No. 11-2—15m-6-20-11

City of Emmett Registration District No. 322 File No. 3891

No. ....., ... St.

Primary Registration District No. 2010 Registered No. ~~56~~ 201

Hospital .....

FULL NAME OF CHILD Clara May Uhrine

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Girl				Yes	1 (Month) – 4 (Day), 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis A Uhrine	FULL MAIDEN NAME	Nora Burkheart
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Green

M D

(Physician or Midwife)

Given names added from a supplemental report

Address Emmett Ida

....., 19.....

Filed Apr 1 1913 19 G. L. Reynolds

Registrar

R W Edwards Dep

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. H-C

STATE OF IDAHO

Bureau of Vital Statistics

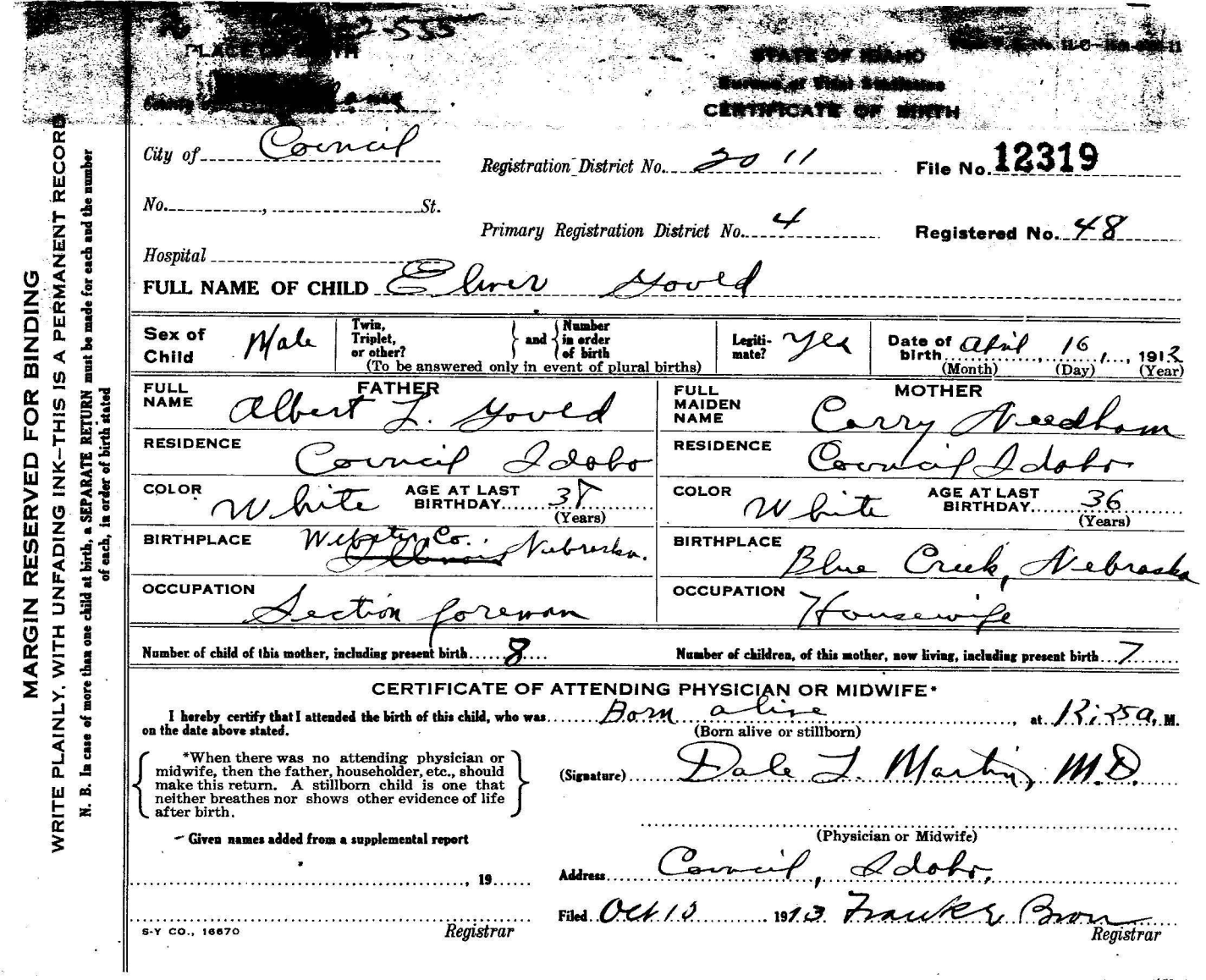
CERTIFICATE OF BIRTH

122

PLACE OF BIRTH

County of

OCT 2 7 1976



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 2-555

County [redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Council

Registration District No. 2011

File No. 12319

No. ....., ... St.

Primary Registration District No. 4

Registered No. 48

Hospital .....

FULL NAME OF CHILD Elmer Gould

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 16, 1913

FATHER		MOTHER	
FULL NAME	Albert L. Gould	FULL MAIDEN NAME	Carry Needham
RESIDENCE	Council Idaho	RESIDENCE	Council Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Webster Co. ~~Illinois~~ Nebraska	BIRTHPLACE	Blue Creek, Nebraska
OCCUPATION	Section foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dale L. Martin, M.D.

(Physician or Midwife)

Address Council, Idaho.

Filed Oct 10 1913 Frank E. Brown

Registrar

Given names added from a supplemental report

....., 19....

Registrar

S-Y CO., 16670

DELAYED

DUP OF 1912-369360

962-121:002-962

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Council

Registration District No. 2011 File No. 12320

No. ....., ... St.

Primary Registration District No. 4 Registered No. 49

Hospital

FULL NAME OF CHILD JAMES RAYMOND ~~Raymond G.~~ Ross

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 21, 1913

FATHER		MOTHER	
FULL NAME	Charley Ross	FULL MAIDEN NAME	Catherine Kurtz Ross
RESIDENCE	Council Idaho	RESIDENCE	Council Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25.	AGE AT LAST BIRTHDAY (Years)	21.
BIRTHPLACE	Idaho	BIRTHPLACE	Prescot Wash
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dale L. Martin M.D

(Physician or Midwife)

Address Council Idaho

Given names added from a supplemental report

....., 19....

Filed Oct 10 1912 Frank E Brown

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 12320

State of IDAHO }
County of Adams } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of James Raymond Ross (Birth or Death)
for Raymond C. Ross (Name on Original Certificate) who was born (Was Born or Died) on June 21, 1912 (Date of Event)
in Council, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Raymond C.	James Raymond Ross

Subscribed and sworn to before me this 7 day of August, 1942.

Matilda Moser
Clerk District Court
~~Notary Public~~, residing at

My commission expires
(Seal)

Signed Cassia A Ross
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Adams } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of August, 19 42.

Robt Young
~~Notary Public~~, residing at Probate Judge.

My commission expires
(Seal)

Signed Matilda Moser
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 19 1942

AUG 12 1942

415-104-002-154

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

County of Adams

City of Council

Registration District No. 2011 File No. 12321

No. ....., ... St.

Primary Registration District No. 4 Registered No. 53

Hospital .....

FULL NAME OF CHILD Edwin Byron Davis

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July (Day) 4, 1912 (Year)
Male		yes	

FATHER		MOTHER	
FULL NAME	Byron Davis	FULL MAIDEN NAME	Matilda Anderson Davis
RESIDENCE	Council Idaho	RESIDENCE	Council Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Washington Co., Idaho	BIRTHPLACE	Colorado
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dale L. Martin M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Council Idaho

Filed Oct 10 1912 Frank E Brown

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. U-C-10m-0-50-D

556-106-002-577

Amended 4-5-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12322
Local Reg. No. 51
Reg. Dist. No. 2011

1. PLACE OF BIRTH

a. COUNTY: Adams

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Indian Valley

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Adams

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Indian Valley

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Jasper b. (Middle): Winford c. (Last): Newlin

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): July 6, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): c. (Last): Newlin

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Illinois

10. USUAL OCCUPATION: Ranching

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lora b. (Middle): c. (Last): Eagleton

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Illinois

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. E. Schmitz, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Cambridge, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Aug. 1, 1912

22. REGISTRAR'S SIGNATURE: Frank E. Brown

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Illinois } ss.
County of Jasper }

Certificate No. 12322

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Jasper Winifred Newland (Name on Original Certificate) who was born (Was Born or Died) on July 6, 1912 (Date of Event)

in Indian Valley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Jasper Winifred Newland	Jasper Winford Newlin
Father's Last Name	Newland	William Newlin
Mother's Maiden Name	Eaglaton	Lora Eagleton

Subscribed and sworn to before me this 10th day of April, 1962.

Alma Lee Spurlock

Notary Public, residing at County Clerk of

My commission expires Jasper County

(Seal)

Signed William Franklin Newlin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

502 N. Curtis, Newton, Illinois
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 4-3-62. one copy pd. rec. #8971.

Another Child's Birth Cert. on file; (Idaho Birth) #26982 gives full name of parents as Wm. F. Newlin and Lora Eagleton - viewed by V.S.

Notarized Photo Copy of Page From Family Record, appears very old and unaltered gives full names as William Franklin Newlin, was born April 8, 1881- Lora Belle Eagleton was born October 25, 1884- were married July 3, 1904 - one child's full name is given as Jasper Winford Newlin, born July 6, 1912 - viewed by V.S.

Truck Identification Card, State of Illinois, year-1960 gives full name as Jasper Winford Newlin, viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Adams

City of Indian Valley

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2011 File No. 12322

Primary Registration District No. 4 Registered No. 57

FULL NAME OF CHILD Jasper Winifred

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes.	July (Month), 6 (Day), 1912 (Year)

FATHER		MOTHER	
FULL NAME	William Newland.	FULL MAIDEN NAME	Lora Eaglatoir
RESIDENCE	Indian Valley.	RESIDENCE	Indian Valley.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Ranching	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

M D.

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address Cambridge Idaho

Filed Aug 1 1912 Frank H Brown

Registrar

Registrar

S-Y CO., 16670

APR 5 1967

434-128.002-512

Amended 6-11-73

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 2011

Primary Registration District No. 4

File No. 12323

Registered No. 52

FULL NAME OF CHILD Lester George McMahan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Ml	—		—	yes	8 (Month) — 28 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester I. McMahan	FULL MAIDEN NAME	Hattie Jane Vassar
RESIDENCE	Council Ida	RESIDENCE	Council
COLOR	AGE AT LAST BIRTHDAY 25 (Years)	COLOR	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Hdg

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Council

Filed 8-30 1912 Frank E Brown Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1950

5-20-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 11 4 01 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Union } ss.

Certificate No. 12323

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Lester George McMahon (Name on Original Certificate) who was born (Was Born or Died) on Aug 28, 1912 (Date of Event)

in Council, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last name of child	McMahon	McMahan
Last name of father	McMahon	McMahan

Subscribed and sworn to before me this 25th day of October, 1972

David of Wylie

Notary Public, residing at La Grande, Oregon

My commission expires April 30, 1976

(Seal)

Signed Lester J McMahan

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star Route Council, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Union } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of June, 1973

David of Wylie

Notary Public, residing at La Grande, Oregon

My commission expires April 30, 1976

(Seal)

Signed Gertrude Fay McMahan

(Signature of Any Credible Person)

1320 Xavier La Grande, Ore 97850

(Street Address, City, State)

FORM DH 60-155

No corresp.

Own childs birth certificate on file - Idaho - # 222433 gives name of father as Lester George McMahan. Child born April 14, 1934.
Viewed by V.S.

JUN 11 1973

Certificate of Marriage issued by the State of Oregon, County of Malheur gives name of groom as Lester George McMahan. Married October 24, 1931.
Viewed by V.S.

219-205-002-296

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-30-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

Registration District No. 20 11 File No. 12324

No. ____, ____ St.

Primary Registration District No. 4 Registered No. 5-3

Hospital ____

FULL NAME OF CHILD Goldie Ruth Bailey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.		1st	Yes	Sept 5 1912

FATHER		MOTHER	
FULL NAME	Arch Bailey	FULL MAIDEN NAME	Bessie Browning.
RESIDENCE	Indian Valley.	RESIDENCE	do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon.
OCCUPATION	Block Smith	OCCUPATION	H W.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuck M D

(Physician or Midwife)

Address Cambridge Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Sept 11 1912 Frank E Brown Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 12 1944

433215-002617

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4 File No. 12325

Primary Registration District No. 2011 Registered No. 3-4

FULL NAME OF CHILD Ava Marie McCleary

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe.			Yes	9 — 13 — 1912

	FATHER	MOTHER
FULL NAME	Geo S. McCleary	FULL MAIDEN NAME Nancy Adelia Haggoner
RESIDENCE	Council	Council
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Ill	Ill
OCCUPATION	Farmer	Hsw

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 9—15—12, 19..... Frank E. Brown

Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1955

165-221-002-863

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 12326

Primary Registration District No. 2011 Registered No. 3-3-

FULL NAME OF CHILD Mercedes Ellen Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Fe.	\	\	Yes	Sept 27 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	G R. Jones	FULL MAIDEN NAME	Nora Hollenbeck
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	Farmer	OCCUPATION	Hsf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) a neighbor

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 1-10 1913 Frank E Brown Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1975

855-225-002-694

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

Registration District No. 4

File No. 12327

No. ____, ____ St.

Primary Registration District No. 2011

Registered No. 56

Hospital ____

FULL NAME OF CHILD Lucile Catherine Henke

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female		2nd	Yes	Sept 25, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Henke	FULL MAIDEN NAME	Florence D. Freitag
RESIDENCE		RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Hans.
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

MD
(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed Oct 1 — 1912 Frank Brown
Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 2 7 1976

SEP 1 8 1944

603-230-002-419

PLACE OF BIRTH

County of Adams

City of Fruitvale

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

12328

Registration District No. 4

File No. ____

Primary Registration District No. 20 11

Registered No. 57

FULL NAME OF CHILD Walker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept. 30, 1912

FATHER		MOTHER	
FULL NAME	William Thomas Walker	FULL MAIDEN NAME	Leola Margarette Marsh
RESIDENCE	Fruitvale Idaho	RESIDENCE	Fruitvale Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Hancock Co, All	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Martin Co. Ind.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ____, at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dale L. Martin M.D.

(Physician or Midwife)

Address Council Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 3-11- 1913 Frank E Brown Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 6 1975

622-105-002154

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12329

County of Adams

City of Council

Registration District No. 4

File No.

No. ____, ____ St.

Primary Registration District No. 20 11

Registered No. 38

Hospital

FULL NAME OF CHILD Ansel Dale Osborn.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct. 5, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Samuel Osborn	Lula Marie Anderson
RESIDENCE	Council Idaho	Council
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 26	White / 22
BIRTHPLACE	Lookout, California	Colorado
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dale L. Martin M.D.

(Physician or Midwife)

Address Council Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3-11- 1913 Frank E. Brown

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

312-118002-291

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4

Primary Registration District No. 2011

File No. 12330

Registered No. 59

FULL NAME OF CHILD Otto Lakey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	yes	Oct 18 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Kerthley Lakey	FULL MAIDEN NAME	Dora Brauer
RESIDENCE	Council	RESIDENCE	Council
COLOR	whr	COLOR	whr
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wash	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	HWf

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 19 1912 Frank E Brown
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1943.

AUG 16 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Connell Registration District No. 1 File No. [illegible]

No. ..... St. Primary Registration District No. 3011 Registered No. 60

Hospital .....

FULL NAME OF CHILD Roderick Malcolm Neale

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	\	\	Yes	Oct 27 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J D Neale	FULL MAIDEN NAME	Lottie Belle Walker
RESIDENCE	Connell	RESIDENCE	Connell
COLOR	Wh AGE AT LAST BIRTHDAY 31 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 28 1912 Frank E Brown Registrar

Registrar

S-Y CO. 20174

MAY 12 1958

MAR 12 1942

MAR 26 1942

689.224.002-363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4

Primary Registration District No. 2011

File No. 12332

Registered No. 61

FULL NAME OF CHILD Opal Whitley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fr.	1		1	yes	Oct 24 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S J Whitley	FULL MAIDEN NAME	Myrtle ~~Whitley~~ Locke
RESIDENCE	Council	RESIDENCE	Council
COLOR	whr	COLOR	whr
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Arkansas	BIRTHPLACE	Oregon
OCCUPATION	Merchant	OCCUPATION	Hwfe

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Oct 25 1912 F E Brown Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

613-208-002-619

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ....., ... *St.*

Hospital .....

Registration District No. 4 **File No.** 12333

Primary Registration District No. 2011 **Registered No.** 62

FULL NAME OF CHILD Salome Eviretta Walston

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Nov. (Month) 8 (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	Earl Loyd Walston	FULL MAIDEN NAME	Emma May Warner
RESIDENCE	Council Idaho	RESIDENCE	Council Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Big Horn, Wyoming	BIRTHPLACE	Edgefield Jnct. Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dale L. Martin M.D.

(Physician or Midwife)

Address Council Idaho.

Given names added from a supplemental report

..... 19.....

Filed 3-11- 1913 Frank C Brown

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 17 1972

843-2191002-235

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

Registration District No. 4

File No. 12334

No. ____, ____ St.

Primary Registration District No. 2011

Registered No. 73

Hospital ____

FULL NAME OF CHILD VICTORIA VIRGINIA HUTCHISON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3rd	Yes	Nov 19, 1912

FATHER	MOTHER
FULL NAME Cuasa Hutchinson	FULL MAIDEN NAME Virgie Steward
RESIDENCE Indian Valley	RESIDENCE Indian Valley
COLOR W	AGE AT LAST BIRTHDAY 25 (Years)
COLOR W	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Iowa
OCCUPATION Ranching	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz M.D.

(Physician or Midwife)

Address Cambridge Ida.

Given names added from a supplemental report

....., 19.....

Filed Dec. 10 1912 Frank E Brown

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

12334

State of IDAHO
County of ADAMS } ss.

Certificate No. 12324

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who born (Was Born or Died) on November 19 (Date of Event) 1912
in Indian Valley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Records (Bible Record, Insurance Policy, Etc.) prepared on December 22, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Victoria Virginia Hutchison

Subscribed and sworn to before me this 11th day of December, 19 42.

Notary Public, residing at Council

My commission expires April 7th 1944
(Seal)

Signed Ida Imo Hutchison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cambridge, Idaho, Star Route
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Adams } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of December, 19 42.

Notary Public, residing at Council, Idaho

My commission expires April 7th 1944
(Seal)

Signed Andrew Hutchison
(Signature of Any Credible Person Other Than Previous Year)

Star Route, Cambridge, Idaho
(Street Address, City, State)

JAN 5 1943

285-125-002-296

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

Registration District No. 4

File No. 12335

Primary Registration District No. 2011

Registered No. 71

FULL NAME OF CHILD Jessie Clarence Byers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Dec. 25 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Amos E. Byers	FULL MAIDEN NAME	Ethel Brown
RESIDENCE	Ind. Valley	RESIDENCE	Ind Valley
COLOR	whe	COLOR	whe
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

above given by Grandpa (Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 4-1- 1913 Frank E Brown Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

399-126-025-X5

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 10 File No. 12363

No. ____ St. Primary Registration District No. 2044 Registered No. 279

Hospital ____

FULL NAME OF CHILD Cecil Wayne Triplett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 24 1912

FATHER		MOTHER	
FULL NAME	Thos L Triplett	FULL MAIDEN NAME	Lizzie Deal
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11½a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....19....

Filed April 4 1913 Jesse P Rains
Registrar

....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

499-226-010-331

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 12534

No. ..... St.

Primary Registration District No. 2027

Registered No. 55

Hospital

FULL NAME OF CHILD Juanita May Mize

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			7th	Yes	Dec. 26 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Ara J. Mize	FULL MAIDEN NAME	Clara A. Washburn
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Mo.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. S. Fuller

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address [illegible]

Filed 3/20 1913

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 12534

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for UNNAMED MISE (Name on Original Certificate) who WAS BORN (Was Born or Died) on Dec 26 - 1912 (Date of Event)
in Idaho Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on April 15th - 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
NAME	No Name	JUANITA MAY
Sur Name	MISE	MIZE

Subscribed and sworn to before me this 15th day of April, 1942

Notary Public, residing at Idaho Falls, Idaho

My commission expires May. 9-1943
(Seal)

Signed Clara A. Washburn Mize.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of Nov. 1942

Grace Traughber

Notary Public, residing at Swan Valley, Ida.

My commission expires Oct. 15, 1944
(Seal)

Signed Harry Ora Mize.
(Signature of Any Credible Person Other Than Previous ~~Year~~)

Irwin Idaho
(Street Address, City, State)

OCT 3 1 1944

194-106-003-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12695

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lester Powers Armstrong
2. Date Of Birth: (month) 11 (day) 6 (year) 1912
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Bannock
   b. City or Town of Birth: Robin

FATHER

6. Full Name of Father: David Armstrong
7. State or Country of Father's Birth: Louisa Co. Virginia

MOTHER

8. Full Maiden Name of Mother: Virginia Evelina Powers
9. State or Country of Mother's Birth: Oilville, Hanover Co. Va.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lester Powers Armstrong
11. Present Address of Registrant: McCammon, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 3, 1963
12. Signature of Notary: Bruce J. Hyde
13. Notary Commission expires: May 4, 1966

APPLICANT—DO NOT WRITE BELOW THIS LINE

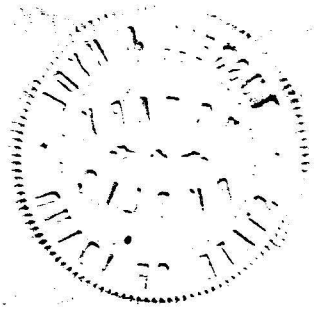
	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of application for License to Marry #76733	William J. Korth, Co. Clerk State of Utah, Salt Lake Co.	Sept 19, 1963	June 25, 1937
	Date of Birth: Nov. 6, 1912 — Birth Place: Robin, Idaho	Full Name of Mother: Virginia E. Powers	Name of Father: David Armstrong	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church, Portneuf Stake	Date Issued: Dec 23, 1934	Date Orig. Entry: Sept 30, 1934
	Date of Birth: Nov. 6 1912 — Birth Place: Robin, Idaho Bannock Co.	Full Name of Mother: Virginia E. Powers	Name of Father: David Armstrong	
SUPPORTING RECORD 3.	Type of Document: Statement regarding Hospital Records	By whom issued and signed: St. Anthony Mercy Hospital Pocatello, Idaho	Date Issued: Sept 17 1963	Date Orig. Entry: Aug 12, 1952
	Date of Birth: Age 39 — Birth Place: --------	Full Name of Mother: ---------	Name of Father: --------	

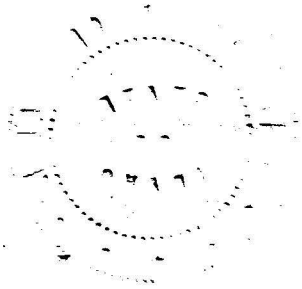
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz WWB	Sept 27, 1963





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated.

[illegible] OF VITAL STATISTICS

[illegible] OF BIRTH

Bannock

City of Robin

SEP 27 [illegible]

No. ..... St.

Registration District No. 12695

Primary Registration District No. 2047 Registered No. 92

Hospital .....

FULL NAME OF CHILD Hyrum Parry Armstrong

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Nov. (Month) 6th (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Armstrong	FULL MAIDEN NAME	Anna Bair
RESIDENCE	Robin	RESIDENCE	Robin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	West Virginia	BIRTHPLACE	West Virginia
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Ellis Kaesly Registrar

Address Anna B. Jensen, Marsh Center

Filed April 70 1913 Ellis Kaesly Registrar

S-Y CO. 20174

[redacted]

SEP 27 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-124-016-115

PLACE OF BIRTH

Amended 3/7/75

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital

Registration District No. 31

File No. 12727

Primary Registration District No. 2126

Registered No. 43

FULL NAME OF CHILD James Edward Tadlock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
MALE ~~XXXXXXXXX~~	(To be answered only in event of plural births)			yes	Dec (Month) 24 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Tadlock	FULL MAIDEN NAME	Ruby ~~XXXXX~~ Jamison
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Louisiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was live (Born alive or stillborn), at 7P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Oakley Idaho

Filed Mch 20 1913 [illegible]

Registrar

S-Y CO. 20174

DEC 6 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 12727

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Edward Tadlock (Name on Original Certificate) who Born (Was Born or Died) on Dec. 24 - 1913 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mothers Name	Nell Jameson	Ruby Jameson
Sex	Female	Male

Subscribed and sworn to before me this 3rd
day of January 1944
Alice C. Layton
Notary Public, residing at Twin Falls, Ida.
My commission expires Oct. 22nd 1947
(Seal)

Signed Ruby Jameson Tadlock.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
163-3rd Ave. E. Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of January 1944
Marian Dunn
Notary Public, residing at Twin Falls, Ida.
My commission expires Jan. 24, 1947
(Seal)

Signed C. A. Berry
(Signature of Any Credible Person Other Than Previous Year)
Court House Twin Falls, Idaho
(Street Address, City, State)

JAN 2 6 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 24 1 45 PM 75
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 12727

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for James Edward Tadlock (Name on Original Certificate) who was born (Was Born or Died) on Dec 24, 1913 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bible and church record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	December 24, 1913	December 24, 1912

Subscribed and sworn to before me this 20th day of February, 1975

Notary Public, residing at Twin Falls, Idaho
My commission expires 11-10-75
(Seal)

Signed Luella Kempf
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2, Twin Falls, Idaho 83301
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/17/75 1ccpd.

Birth certificate from LDS Church gives name as James Edward Tadlock. date of birth given as Dec. 24, 1912 at Oakley, Idaho. Father's name given as Benjamin E. Tadlock and mother's name as Ruby Jamison. entered on record June 30, 1923. viewed by V. S.

MAR 7 1975

Family Bible record gives name as James Edward Tadlock born Dec. 24, 1912 at Oakley, Idaho. viewed by V. S.

993-217-016-263

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12728

Primary Registration District No. 2176 Registered No. 44

FULL NAME OF CHILD Richy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. (Month) 17 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	George Richy	FULL MAIDEN NAME	Tell Beecraft
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Beet Supt.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 (5) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Oakley Idaho

Filed Mch 20 1913 L B Brockelsby Jr. Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1912 - 304278

813-102-016-418

Form V. S. N. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of ~~Marion~~ OAKLEY

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12730

Primary Registration District No. 2176 Registered No. 4

FULL NAME OF CHILD Ronald Hale RONALD AROET HALE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Dec 2 1912

FATHER		MOTHER	
FULL NAME	Wallace Hale	FULL MAIDEN NAME	Ronola Dagley
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Forester	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. O. Nielson (Physician or midwife)

Address Oakley Ida

Given names added from a supplemental report

..... 19.....

Filed Mch 20 1913 L. B. Stockslager Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 12730

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Ronald Aroet Hale (NAME ON ORIGINAL CERTIFICATE) who was Born (WAS BORN OR DIED) on Dec. 2, 1913 (DATE OF EVENT)
in Oakley Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 5th 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Ronald Aroet Hale		Ronald Aroet Hale
name	~~Ronald~~ no name	Born Dec 2nd 1912
		at Oakley Idaho

Subscribed and sworn to before me this 1st
day of June, 19 42

C. J. Larson
Notary Public, residing at Notary Public in and for the State of Idaho Residing in Oakley, Cassia County, Idaho My Commission expires Jan. 6, 1945

My commission expires _____
(SEAL)

Signed Wallace A Hale
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

Oakley Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of June, 19 42

C. J. Larson
Notary Public, residing at Notary Public in and for the State of Idaho Residing in Oakley, Cassia County, Idaho My Commission expires Jan. 6, 1945

My commission expires _____
(SEAL)

Signed Annie Penola Hale
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Oakley Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 8 1942 By _____
(REGISTRAR'S SIGNATURE)

FEB 27 1948

315-019-016-533

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 12731

Primary Registration District No. 2176 Registered No. 46

FULL NAME OF CHILD George Roland Langlois

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov 19 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Langlois	FULL MAIDEN NAME	Estell Ellerby
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 69 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Oakley Ida

Filed Mch 20 1913 L B Stockslager

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Life Insurance Policy - 12-November - 1952
Church Record - Prior to 1913

Viewed by Vital Stat.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

Certificate No. 12731

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Langlois (Name on Original Certificate) who was born (Was Born or Died) on Nov. 19, 1912 (Date of Event) in Oakley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family & Temple records (Bible Record, Insurance Policy, Etc.) prepared on [redacted] (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	George Roland Langlois

Subscribed and sworn to before me this 14 day of March, 1957

Karl V. King

Notary Public, residing at Salt Lake City, Utah
My commission expires
(Seal)

KARL V. KING
Notary Public
Residing at Salt Lake City, Utah
My Commission Expires Jan. 15, 1961

Signed Edith M Langlois Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

28 N. State St., Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Utah } ss.
County of Salt Lake }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of March, 1957

Karl V. King

Notary Public, residing at Salt Lake City, Utah
My commission expires
(Seal)

KARL V. KING
Notary Public
Residing at Salt Lake City, Utah
My Commission Expires Jan. 15, 1961

Signed C. Vernon Langlois Brother
(Signature of Any Credible Person)

560 Wood Ave., Salt Lake City, Utah
(Street Address, City, State)

FORM DPH 55. 155

MH 2-11-57

MAY 8 1957

JUN 3 1964

263-104-016-155

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Registration District No. 31

File No. 12738

Primary Registration District No. 2176

Registered No. 53.

FULL NAME OF CHILD Lorenzo Earl Bates

Sex of Child Male ~~female~~	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec (Month) 4 (Day) 1912 (Year)

	FATHER		MOTHER
FULL NAME	Arlin Bates	FULL MAIDEN NAME	Isabell Jenkins
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. O. Nelson

(Physician or midwife)

Address Oakley, Id.

Filed Mch 20 1913 L. B. Stockslager Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

JUN 18 1942

AUG 22 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Marion
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Marion
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 30 y

3. RESIDENCE OF FATHER (city, state) Marion, Id

4. FULL NAME OF CHILD Lorenzo Earl Bates

5. Date of Birth of Child (Month, day, year) 12-4-1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arlin Henry Bates
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Tooele, Utah (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or [redacted] Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabell Jenkins
17. Color or Race White
18. Age at time of THIS birth 30 y
19. Birthplace Goshen, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

[redacted] Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was (Born alive, stillborn) at M. on the da
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not si in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose nam appea in Item 4, above, that I am now 67 years of age, that I have known this person for 2 years, and th (First name) Dr. Neilson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state th the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded und Chapter 139, 1937 Session Laws.

Arlin Henry Bates Signatu
Box 85 Jerome P. O. Addre

Subscribed and sworn to before me this 10th day of June, 19 42

(SEAL) [signature] Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-714, Idaho Code Annotated, 1)

Received for filing on JUN 12 1942 by [signature], Registr

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466 - 207 - 03

PLACE OF BIRTH

County of Oneida

City of Malad

No. R.F.D. #2 St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18

File No. 12772

Primary Registration District No. 2069

Registered No. 144

FULL NAME OF CHILD Bessie N. Moon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10 7 1912

FATHER		MOTHER	
FULL NAME	Virl Moon	FULL MAIDEN NAME	Rachel N. Williams
RESIDENCE	Cherry Creek	RESIDENCE	Cherry Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Henderson Creek Ida	BIRTHPLACE	Cherry Creek Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) Rachel Williams
(Physician or midwife)

Address Cherry Creek Ida

Filed .....19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

816-122-036-799

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 18

Primary Registration District No. 2069

File No. 12773

Registered No. 145

FULL NAME OF CHILD Joseph Richard Hawkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 22 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Eph T Hawkins	FULL MAIDEN NAME	Rachel Griffiths
RESIDENCE	Malad Idaho	RESIDENCE	Malad Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Samaria Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Racheal Williams

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Malad Ida

Filed 5/8 19 13

D C Ray Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-124-036-165

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12785
Local Reg. No.
Reg. Dist. No. 18

Amended 3/13/74

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad City

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Thorold b. (Middle): c. (Last): Peabody

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Sept. 24, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Jacob b. (Middle): c. (Last): Peabody

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Sheepherder

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Martha b. (Middle): Lusk c. (Last): Jones

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Malad City, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. Mary E. Bolingbroke

19. ADDRESS: Malad City, Idaho

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 14, 1913

22. REGISTRAR'S SIGNATURE: D. C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

FEB 27 11 37 AM '74

Certificate No. 12785

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Jacob Farrell Peabody (Name on Original Certificate) who was born (Was Born or Died) on Sept. 24, 1912 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on Feb. 5 - 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Jacob Farrell Peabody	Thorold Peabody

Subscribed and sworn to before me this 26th day of February, 1974.

Donald F. Rotell
Notary Public, residing at Baker, Oregon
My commission expires 2/23/76
(Seal)

DONALD F. ROTELL
NOTARY PUBLIC - OREGON
My Commission Expires 2/23/76

Signed Ruth H. Peabody (wife)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1880 - Plum St. Baker, ore 97814
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Baker }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of February, 1974

Donald F. Rotell
Notary Public, residing at Baker, Oregon
My commission expires 2/23/76

DONALD F. ROTELL
NOTARY PUBLIC - OREGON
My Commission Expires 2/23/76

Signed Ruth Elaine Crum (daughter)
(Signature of Any Credible Person)

1031 Resort, Baker, Oregon 97814
(Street Address, City, State)

FORM DH 60-150 CL 2/14/74

Own Daughter's birth certificate on file in Idaho (#233661) gives father's name as Thorold Peabody and the mother's name as Ruth Helen Pingel. Viewed by V. S.

Marriage Certificate from Utah gives [redacted] groom's name as Thorold Peabody and the birde's name as Ruth Helen Pingel. dated July 25, 1933. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF [illegible]
BUREAU OF [illegible]
CERTIFICATE OF [illegible]

Registration District No. [illegible] File No. 12785

Primary Registration District No. [illegible] Registered No. 157

FULL NAME OF CHILD Jacob Farrell Peabody

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy			4	Yes	Sept (Month) 24 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jacob Peabody	FULL MAIDEN NAME	Martha Tusk Jones
RESIDENCE	Malad City	RESIDENCE	Malad City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Malad City Ida
OCCUPATION	Sheepherder	OCCUPATION	Sheepherder Wife

Number of child of this mother, including present birth four Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borne alive Sept 24 (Born alive or stillborn) at 20 To 10 P.M. evening on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mary E. Bolingbroke
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Malad City Idaho

Filed May 14 1913 D C Ray
Registrar

S-Y CO. 20174

FEB 1 4 1974

MAR 1 3 1974

619-204-002-855

Amended 11/13/72

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12787
Local Reg. No.
Reg. Dist. No. 4

1. PLACE OF BIRTH

a. COUNTY: Adams

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Tamarack

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 1st.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho
b. COUNTY: Adams

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Tamarack

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Laura
b. (Middle): Lillian
c. (Last): Fairhurst

4. SEX: Girl

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Nov. 4, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Fred
b. (Middle): Guy
c. (Last): Fairhurst

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Kansas

10. USUAL OCCUPATION: Cook

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ada
b. (Middle): B.
c. (Last): Hendrix

13. AGE (At time of this birth): 29 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Heppner, Or.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Laura Walston

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Tamarack

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 5-10-13

22. REGISTRAR'S SIGNATURE: Frank E. Brown

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS NOV 6 9 50 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12787

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Laura Lillian Fairhurst (Name on Original Certificate) who was born (Was Born or Died) on Nov. 4, 1913 (Date of Event)

in Tamarack, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	Nov. 4, 1913	November 4, 1912

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Contra Costa }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of August, 1972

Dallene Cope

Notary Public, residing at Walnut Creek

My commission expires 4/11/75

(Seal)

DARLENE COPE NOTARY PUBLIC Contra Costa County Calif. My commission expires Apr. 1975

Signed Nicky E. Wells (Signature of Any Credible Person)

1981 Pine St., Martinez, Calif 94553 (Street Address, City, State)

FORM DH 60-155 CL 4-9-62. one copy pd. rec. #8290.

Application to Loyal Protective Life Insurance Co. for Edgay S. Billups. Lists wife's name as Laural L. Billups. Birth date of wife listed as 11-4-12. Policy dated Oct. 28, 1957. Viewed by V. S.

Letter from California Canners and Growers Plant #6, San Francisco, Calif. gives name as Lillial Billips. Employed with them in 1941. Gives [redacted]date of birth as November 4, 1912. Signed by. A. J. Keller, Personnel Manager. Viewed by V. S

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Adams

City of Tamarack

No. 1st St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 12787

Primary Registration District No. 2012 Registered No. 78

FULL NAME OF CHILD Laura Lillian Fairhurst

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Nov 4 Mar 1913

FATHER		MOTHER	
FULL NAME	Fred Guy Fairhurst	FULL MAIDEN NAME	Ada B Hendrix
RESIDENCE	Tamarack	RESIDENCE	Tamarack
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Heppner Or
OCCUPATION	Cook	OCCUPATION	House Keeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was nor 4 (Born alive or stillborn), at 12½ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Laura Walston

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Tamarack Ida

Filed 5-10 1913 Frank E Brown

Registrar

S-Y CO. 20174

K

MAR 20 1962

NOV 1 3 1972

849-219-036-849

Form V. S. No. 11-C—20m-2-15-12

[redacted] IDAHO
[redacted] VITAL STATISTICS
[redacted] OF BIRTH

PLACE OF BIRTH

County of Gneida

City of Stone

No. ..... St.

Hospital .....

Registration District No. 18

File No. 12889

Primary Registration District No. 2071

Registered No. 95

FULL NAME OF CHILD Martha Hurd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		yes	Dec 19 1912

FATHER		MOTHER	
FULL NAME	Lorenzo Hurd	FULL MAIDEN NAME	Ellen Hurd
RESIDENCE	Stone Ida	RESIDENCE	Stone
COLOR	White	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Brigham Utah	BIRTHPLACE	Corinne Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bunderson

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Stone Idaho

Filed Apr 3 1913 D C Ray Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1964

493-126-040-863

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner.

Registration District No. 25

File No. 12973

No. ..... St.

Primary Registration District No. 2106

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ellis Lloyd Mitchell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	1		3	yes	1 (Month) 26 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe Mitchell	FULL MAIDEN NAME	Henrietta Hocking
RESIDENCE	Wardner	RESIDENCE	Wardner.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mich.	BIRTHPLACE	Ill
OCCUPATION	Mechanic	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed April 1 1913 Dr. Chas. A. Dethman

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

693-120-040-992

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25

File No. 12976

12976

Primary Registration District No. 2105

Registered No. .....

FULL NAME OF CHILD Sachrie Williams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	1		1	Yes	12 (Month) 20 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Williams	FULL MAIDEN NAME	Alice Sophia Ristritt
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Whales	BIRTHPLACE	Washington
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Apr 16 1913 Dr. Chas. C. Dettman

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1912–
Dup of 201120

195-229-040-743

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone.

City of Kellogg.

No. ..... St.

Hospital .....

Registration District No. 25 File No. 12977

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Miranda Ainsworth.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
G	1		5	Yes	12 (Month) 29 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marvel Ainsworth	FULL MAIDEN NAME	Jennie Guthrie
RESIDENCE	Kellogg.	RESIDENCE	Kellogg.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	N. Y.	BIRTHPLACE	Wis.
OCCUPATION	St Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Apr 11 1913 Dr. Chas. L. Dettman
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-229-022-659

Amended 8-21-63

(Be sure the information is complete and accurate)

State File No. 13087
Local Reg. No. 162
Reg. Dist. No. 9

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farnum
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Drummond
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Nellie
b. (Middle):
c. (Last): Anderson

4. SEX: F.
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH (Month) (Day) (Year): January 29, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Carl
b. (Middle): A.
c. (Last): Anderson
8. COLOR OR RACE: W.
9. AGE (At time of this birth): 23 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Utah
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Fanny
b. (Middle): C.
c. (Last): Ferrin
13. COLOR OR RACE: W.
14. AGE (At time of this birth): 19 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Utah
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 1
c. How many children were still born (born dead after 20 weeks pregnancy)? 0
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Dr. Hargis
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Ashton, Idaho
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: April 10, 1913
20. REGISTRAR'S SIGNATURE: Ray H. Fisher
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

...in the district where the birth occurred WITHIN 10 days after the date of birth of the ... to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED AUG 20 1963

State of California
County of Butte } ss.

Certificate No. 13087

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Nellie Anderson (Name on Original Certificate) who was born (Was Born or Died) on Jan. 29, 1913 (Date of Event)

in Farnum, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother of Nellie Anderson (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	Jan. 29, 1913	January 29, 1912

Subscribed and sworn to before me this 11th day of March, 1963

Donald S. Fife
Notary Public, residing at Gridley, Calif.
My commission expires DONALD S. FIFE
(Seal) My Commission Expires July 3, 1963

Signed Mrs. Fannie C. Rader
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1680 Sycamore St. Gridley, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Butte } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March, 1963

Donald S. Fife
Notary Public, residing at Gridley, Calif.
My commission expires DONALD S. FIFE
(Seal) My Commission Expires July 3, 1963

Signed Mrs. Lindsey Waters
(Signature of Any Credible Person) Relationship-Aunt
780 Indiana St. Gridley, Calif.
(Street Address, City, State)

FORM DH 60-155 CL 2-26-63. nm

Hospital Birth certificate from Suburban Maternity Home, Twin Falls, Idaho, for Nicholas Neil Henderson, gives the date of birth of mother as January 29, 1912. Viewed by V. S.

Statement from R.E. Stobaugh, Clerk, Twin Falls Public Schools, Class A School District No. 411, Twin Falls, Idaho statement written August 17, 1963 states "In reply to your request for information on your birth date, the 1927 school census report for the Mountain View School District lists the following information; Under the column for parents' or guardian's names is S. Ferrin, guardian of the Anderson Children. In the column for childrens' names is listed Nellie, age 15 (in 1927), Birthdate, January 29." - viewed by V.S.

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Farnum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13087

Primary Registration District No. 2081 Registered No. 162

FULL NAME OF CHILD Nellie Anderson

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.	—	Yes	Jan 29 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Carl A. Anderson	FULL MAIDEN NAME	Fanny C. Ferrin
RESIDENCE	Drummond	RESIDENCE	Drummond
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Hargis

(Physician or midwife)

Address Ashton

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 10 19 13 Ray N. Fisher Registrar

8-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 21 1963

528-203-025-239

Form V. S. No. 11-C—20m-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Elk City

Registration District No. 10

File No. 13220

No. ——— St.

Primary Registration District No. ———

Registered No. 310

~~Hospital~~ Res

FULL NAME OF CHILD Wilhelmina Elizabeth Esh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.			4	yes	May (Month) 3 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Lawrence Esh	FULL MAIDEN NAME	Mary Strohmyer
RESIDENCE	Elk City, Ida.	RESIDENCE	Elk City, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Lowell, Mass	BIRTHPLACE	Greenville, Ore.
OCCUPATION	Rancher + Butcher	OCCUPATION	Hw

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 3, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J N Davis M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Elk City, Idaho

Filed May 10 1913 Jesse L. Rains
Registrar

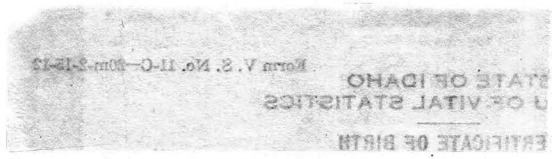
Registrar

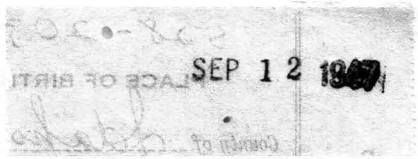
S-Y CO. 20174

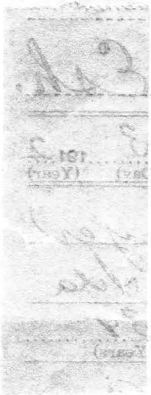
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.




SEP 1 2



365-205-025-255

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Elk City

Registration District No. 10

File No. 13221

No. ..... St.

Primary Registration District No. .....

Registered No. 311

Hospital residence

FULL NAME OF CHILD Constance Eleanor Langstaff

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—			Yes	Mar. (Month) 5 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar P. Langstaff	FULL MAIDEN NAME	Jessie May Seeley
RESIDENCE	Elk City, Idaho	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Lexington, Ill	BIRTHPLACE	Wisconsin
OCCUPATION	rancher	OCCUPATION	HW

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P.M. on the date above stated. Mar 5. '12

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. C E Yates was the physician in attendance (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Attended by Jn. Davis M.D.

Filed May 10 1913 Jesse L. Rains Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

DUP OF 1912 - 311443

816-101-025-283

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Elk City

Registration District No. 10

File No. 13222

No. ..... St.

Primary Registration District No. .....

Registered No. 312

Hospital Residence

FULL NAME OF CHILD Edwin Madison Hawkins

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
male	(To be answered only in event of plural births)	yes	Feb (Month) 1 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Frank M. Hawkins	FULL MAIDEN NAME	Lila Bell Sylvester
RESIDENCE	Elk City, Idaho	RESIDENCE	Elk City, Idaho
COLOR	W	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Montana
OCCUPATION	Rancher	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C E Yates attendant
Date gathered by J M Davis, MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Elk City

Filed May 10 1913

Jesse L. Rains
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 6 1973

815-231-018-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-2-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Cavendish

Registration District No. 17 File No. 13249

No. ....., ... St.

Primary Registration District No. 2078 Registered No. 70

Hospital .....

FULL NAME OF CHILD Pauline May Hand

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 31 1912

FATHER		MOTHER	
FULL NAME	Philip Hand	FULL MAIDEN NAME	Nana Sutton
RESIDENCE	Cavendish, Ida	RESIDENCE	Cavendish, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ohio	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Annie E. Horne

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Cavendish Ida

Filed April 30 1913 J. M. Fairly

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 27 1961

130-016-493

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ....., ... St.

Hospital .....

Registration District No. 31

File No. 133[redacted]

Primary Registration District No. 2124

Registered No. 61

FULL NAME OF CHILD John Hiram Miller

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
Male		Yes	Sept 30

FATHER		MOTHER	
FULL NAME	John Wesley Miller	FULL MAIDEN NAME	Mary Whitesel Miller
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 3[illegible] (Y[illegible])
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Livery man	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at S. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Loughlin Brubaker M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Burley

Filed May 1 1913 L. B. Stoltzberger

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

344-121-016-344

PLACE OF BIRTH

County of Cassia

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Jackson

Registration District No. 31

File No. 13303

No. ..... St.

Primary Registration District No. 2124

Registered No. 62

Hospital .....

FULL NAME OF CHILD Leycester Thomas Teem

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		No	Oct (Month) 21 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Nellie Teem
RESIDENCE		RESIDENCE	Jackson
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White — AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE		BIRTHPLACE	Colo
OCCUPATION		OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Z. Kenagy
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rupert Ida.

Filed April 15 1913 L. B. Stockelger Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

MAY 3 1960

6-9-207-016-6x2

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Jackson

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 13304

Primary Registration District No. 2191 Registered No. 63

FULL NAME OF CHILD Mary Ferrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 7 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	George B. Ferrell	FULL MAIDEN NAME	Eliza Wake
RESIDENCE	Jackson	RESIDENCE	Jackson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Virginia	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Rupert Idaho

Filed Apr 15 1913 L. B. Stockslager Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1965

JUL 1 5 1974

495-224-016-691

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No ....., ... St.

Registration District No. 31 File No. 13305

Primary Registration District No. 21 3rd Registered No. 61

Hospital .....

FULL NAME OF CHILD Pearl Dressel

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births) 2		Yes	Dec 24 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Eugene Dressel	Eleanor Frank
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	22 (Years)
BIRTHPLACE	Lehi Utah	Payson Utah
OCCUPATION	Engineer	House Wife

Number of child of this mother including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Hunter MD

(Physician or Midwife)

Address Burley Idaho

April 17 1913

Given names added from a supplemental report

....., 19.....

Registrar

Registrar

SYMS - YORK CO., PTGS. & BDRS. 17328

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

132-108-016-819

PLACE OF BIRTH

County of Cassia

City of Jackson

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

File No. 13307

Registration District No. 31

Primary Registration District No. 21 24

Registered No. 66

FULL NAME OF CHILD Arnold George Albertson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 8 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Clarence G. Albertson	FULL MAIDEN NAME	Blanch Hartwell
RESIDENCE	Jackson	RESIDENCE	Jackson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rupert Ida.

Filed Apr 15 1913 L. B. Torhalger Registrar

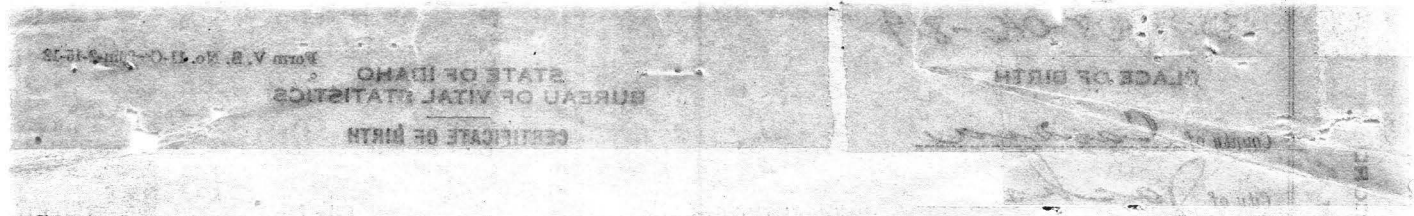
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 2 7 2001

NOV 3 1941

339-116-032-632

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hagerman

Registration District No.

File No. 19400

No. , St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Richard Clyde Clifford

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Mail		yes	Dec 16, 1912

FATHER		MOTHER	
FULL NAME	Wm Henry Clifford	FULL MAIDEN NAME	Anna Cecilia Olsen
RESIDENCE	Hagerman	RESIDENCE	Hagerman Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Providence Utah	BIRTHPLACE	Philopstad Sweden
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William H. Clifford

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed Nov 5 1913 W H Marshall

Registrar

Registrar

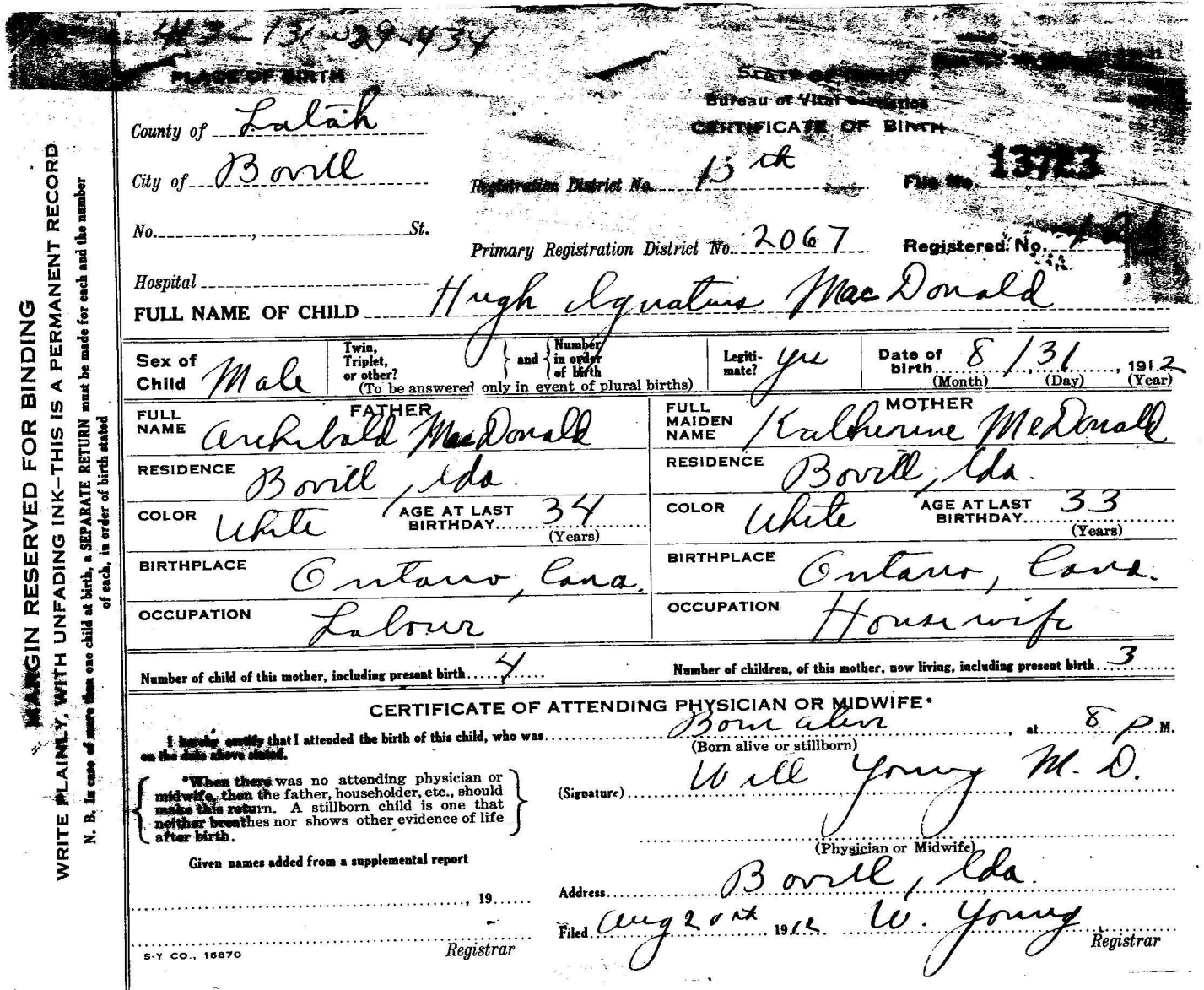
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 25 1943



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF ONTARIO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lalah

City of Bovill

Registration District No. 15th

File No. 1383

No. ..... St.

Primary Registration District No. 2067

Registered No. 7

Hospital .....

FULL NAME OF CHILD Hugh Ignatius MacDonald

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	8 / 13 / 1912

FATHER		MOTHER	
FULL NAME	Archibald MacDonald	FULL MAIDEN NAME	Katherine McDonald
RESIDENCE	Bovill, Ida.	RESIDENCE	Bovill, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ontario, Canada.	COLOR	White
OCCUPATION	Labour	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Ontario, Canada.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P.M. on the date above stated.

(Signature) Will Young M.D.

(Physician or Midwife)

Address Bovill, Ida.

Filed Aug 20th 1912 W. Young Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

APR 15 1943

683-216-029-756

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Bovill

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 13731

Primary Registration District No. 2007 — Registered No. 134

FULL NAME OF CHILD Dorothy Elizabeth Wylie

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Dec 16th, 1912

FATHER		MOTHER	
FULL NAME	Wm F. Wylie	FULL MAIDEN NAME	Bessie Fern George
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nova Scotia	BIRTHPLACE	Michigan
OCCUPATION	Engineer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Will Young

(Physician or Midwife)

Address Bovill, Idaho

Filed Apr 30 1913 Will Young Registrar

S-Y CO., 16670

DEC 31 1941

155-208-029-236

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Bovill

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13732

Primary Registration District No. 2067 Registered No. 135

FULL NAME OF CHILD Emma Ula Avery

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9, 8, 1912

FATHER		MOTHER	
FULL NAME	Arthur D. Avery	FULL MAIDEN NAME	Ida Stockwell
RESIDENCE	Bovill, Idaho	RESIDENCE	Bovill, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Georgia	BIRTHPLACE	Missouri
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Will Young (Physician or Midwife)

Address Bovill, Idaho

Given names added from a supplemental report

....., 19.....

Filed 1/8 1913 Will Young Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 25 1942

862-915029-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Bovill

No. ..... St.

Hospital ..... Mary Evelyn Hobbs

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15th

Primary Registration District No. 2067

File No. 13733

Registered No. 136

FULL NAME OF CHILD ..... Hobbs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9/15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dudley W. Hobbs	Nellie Ross
RESIDENCE	Bovill, Idaho	Bovill, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	20
BIRTHPLACE	Maryland	Idaho
OCCUPATION	Timber/Lumber	Home Life

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Will Young

(Physician or Midwife)

Address Bovill, Idaho

Filed Oct 4th 1912 W. Young Registrar

S-Y CO., 16670

AUG 1 6 1966
NOV 2 8 1972
JUL 2 0 1973
JUL 2 7 1979

963-111-028-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

13790

CERTIFICATE OF BIRTH

AMENDED
Dec. 23, 1947

County of Kootenai
City of Coeur d'Alene
No. ____ St.
Hospital ____

Registration District No. 12
Primary Registration District No. 1003
File No. 1379
Registered No. 401

FULL NAME OF CHILD Martin J. Roche
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 11 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Michael Roche	FULL MAIDEN NAME	Mary Kelleher
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Policeman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden, M.D.
(Physician or midwife)
Address Coeur d'Alene, Ida.

Give names added from a supplemental report.

...., 192....
Registrar.

Filed 6/10 1913 D. D. Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 13790

Primary Registration District No. 1003 Registered No. 401

FULL NAME OF CHILD Martin Roach

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	1	yes	Dec 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Michael Roach	Mary Kelleher
RESIDENCE	Coeur d Alene	Coeur d Alene
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Ireland	Ireland
OCCUPATION	Policeman	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden M D

(Physician or Midwife)

Address Coeur d Alene Idaho

Given names added from a supplemental report

....., 19.....

Filed 6/10 1913 D D Freeman

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Kootenai } ss.

DEC 22 1947
DIVISION OF VITAL STATISTICS

Certificate No. 13790

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Martin James Roche (Name on Original Certificate) who was born (Was Born or Died) on 11th of December 1912 (Date of Event)
in Coeur d' Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on December 22, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Martin Roach	Martin J. Roche
Surname	Roach	Roche

Subscribed and sworn to before me this 19th day of December, 1947
Notary Public, residing at Coeur d'Alene Ida
My commission expires Oct 19, 1950
(Seal)

Signed Bernard J. Robin CSSR
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
919 Indiana Coeur d'Alene
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of December, 1947
Notary Public, residing at Coeur d'Alene Ida
My commission expires Oct 19, 1950
(Seal)

Signed Mrs Verla Brandvold
(Signature of Any Credible Person)
1015 Lakeside Ave
(Street Address, City, State)
Coeur d'Alene, Idaho

[redacted] 24 1947

OCT 17 1949

118-103-028-957

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of C. D. A.

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

13791

Registration District No. 12 **File No.** ~~402~~

Primary Registration District No. 1003 **Registered No.** 402

FULL NAME OF CHILD Thomas. Mahoney

Sex of Child Male	**Twin, Triplet, or other?** one **and** **Number in order of birth** ✓ (To be answered only in event of plural births)	**Legitimate?** yes	**Date of birth** Sep. (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Michael Mahoney	**FULL MAIDEN NAME**	Eliza Regan
RESIDENCE	Coeur d Alene	**RESIDENCE**	Coeur d Alene
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY (Years)	44	**AGE AT LAST BIRTHDAY** (Years)	34
BIRTHPLACE	Canada	**BIRTHPLACE**	Minnesota
OCCUPATION	Laborer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 5 **Number of children, of this mother, now living, including present birth** 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 10 30 P **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address Coeur D. Alene

Filed 6/10 1913 D D Drennan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

H H Morris

386-202-028-165

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 12

File No. 13792

No. ....., ... St.

Primary Registration District No. 1003

Registered No. 403

Hospital .....

FULL NAME OF CHILD Olive Thomas

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Female	One (To be answered only in event of plural births)	3	Yes	Sept (Month), 2 (Day), 1912 (Year)

FATHER		MOTHER	
FULL NAME	Vernon Thomas	FULL MAIDEN NAME	Sarah Jones
RESIDENCE	Black Rock Idaho	RESIDENCE	Black Rock
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	—	BIRTHPLACE	Iowa
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Minnie West Mathes (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address C. d'Alene

Filed 6/10 1913 D. D. Dreman Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF
Bureau of Vital
CERTIFICATE O

PLACE OF BIRTH
County of

APR 19 1961

595-212-044-000

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Wash

City of Midvale

No. _____, _____ St.

Hospital _____

Registration District No. 26 File No. 13841

Primary Registration District No. 2113 Registered No. 97

FULL NAME OF CHILD Minnie Vreeland

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Jul (Month) 12 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	William Vreeland	FULL MAIDEN NAME	
RESIDENCE	Midvale Ida	RESIDENCE	Midvale
COLOR	White	COLOR	Ida Lane
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr K. A. Parker

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address _____

Filed June 1st 1913 W. R. Hamilton

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 21 1966

413-201-044-125

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 26

File No. 13842

No. ....., ... St.

Primary Registration District No. 2113

Registered No. 98

Hospital .....

FULL NAME OF CHILD Dale

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
female		Yes	Oct 1, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oliver M Dale	FULL MAIDEN NAME	Cora Aker
RESIDENCE	Washington Co	RESIDENCE	Washington Co
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 1, 1912 at 9 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr K. A. Parker

physician

(Physician or Midwife)

Given names added from a supplemental report

Address Midvale Idaho

....., 19.....

Filed June 1st 1913 W. R. Hamilton

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

462-115003-318

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

Bannock

City of Treasureton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18

File No. 14212

Primary Registration District No. 2119

Registered No. 176

FULL NAME OF CHILD David Moser

Sex of Child Male	~~Twin Triplet~~ or other? one and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 7 (Month) 15 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John David Moser	FULL MAIDEN NAME	Alene Taylor
RESIDENCE	Treasureton	RESIDENCE	Treasureton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Address Preston Idaho

Filed June 15 1913 D C Ray Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

FULL NAME OF CHILD .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Sex of	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year) 191...

(To be answered only in event of plural births)

...THER	FULL MAIDEN NAME	MOTHER
	RESIDENCE	
		AGE AT LAST BIRTHDAY ..... (Years)

...ent birth .....

M.

...strar

PERMANENT RECORD

made for each and the number

ENDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

45 [redacted] 036-168

[redacted] BIRTH

Form V. S. No. 11-C—20m-2-15-1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County [redacted]ida

City of [redacted] Preston

No. ..... St.

Hospital .....

Registration District No. 18 File No. 14213

Primary Registration District No. 2119 Registered No. 177

FULL NAME OF CHILD Harrison J Merrill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Aug. (Month) 4 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harrison R. Merrill	FULL MAIDEN NAME	Edna Johnson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Hyde Park Utah
OCCUPATION	School teacher	OCCUPATION	House wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Gutter

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 6/15 1913 D C Ray Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

APR 7 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of

Twin Triplet or other? and Number in order of birth

(To be answered only in event of plural births)

Legitimate?

Date of Birth ..... 191...
(Month) (Day) (Year)

THER

FULL MAIDEN NAME

RESIDENCE

MOTHER

AGE AT LAST BIRTHDAY .....
(Years)

WITH UNFADING INK—THIS

PERMANENT RECORD

made for each and the number

NDING

9-15-22-3L-632 (Be sure the information is complete and accurate)

Amended 8-15-68

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 14214
Local Reg. No. 178
Reg. Dist. No. 18

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mink Creek

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mink Creek

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Ted b. (Middle): Owen c. (Last): Rasmussen

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 11 - 22 - 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Alfonso b. (Middle): c. (Last): Rasmussen

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Mink Creek, Idaho

10. USUAL OCCUPATION: Carpenter

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Bernice b. (Middle): c. (Last): Olsen

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Montaway, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Allen R. Cutler

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Preston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 6-15-1913

22. REGISTRAR'S SIGNATURE: D. C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ... in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ... DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 12 1968
Bureau of Vital Statistics

State of Idaho } ss.
County of Franklin }

Certificate No. 14214

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Owen Rasmussen (Name on Original Certificate) who was born (Was Born or Died) on November 23, 1912 (Date of Event)
in Mink Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Owen Rasmussen	Ted Owen Rasmussen
Date of birth	Nov. 23, 1912	Nov. 22, 1912

Subscribed and sworn to before me this 8 day of July, 1968.
J. Wells Smith
Notary Public, residing at Preston Idaho
My commission expires 4-19-69
(Seal)

Signed Ted O Rasmussen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
241 Park Ave., Preston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of July, 1968.
J. Wells Smith
Notary Public, residing at Preston Idaho
My commission expires 4-19-69
(Seal)

Signed Bernice Rasmussen
(Signature of Any Credible Person)
57N. 2W. Preston Idaho.
(Street Address, City, State)

FORM DH 60-155 CL 7-2-68. 1 copy pd.

LDS Church Cert. of Ordination, ordained May 19, 1957 (an Elder), gives full name as Ted Owen Rasmussen, ordained by Lewis B. Porter - viewed by VS.

Life Insurance Policy, Old West Life Insurance Company, #18183, Jan. 2, 1960, gives full name of insured as Ora N. Rasmussen, lists beneficiary as Ted Owen Rasmussen, husband - viewed by VS. (Birth date is given as Nov. 22, 1912

LDS Church Cert. of Ordination to the Aaronic Priesthood as a Priest, gives name as Felix Bruce Smout, ordained Jan. 12, 1958 by Ted Owen Rasmussen, as Elder - viewed by VS. (Supplementary document) (Birth date is given as Nov. 22, 1912)

318-205-036-315

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital .....

Registration District No. 18 File No. 14215

Primary Registration District No. 2119 Registered No. 179

FULL NAME OF CHILD Velda Delilah Taylor

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Dec. (Month) 5 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. J. Taylor	FULL MAIDEN NAME	Florence E Lane
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kaysville Utah	BIRTHPLACE	Hooker Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen Kleuter

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 6/15 1913 D Kay

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 30 1967

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate?

Date of Birth ..... (Month) (Day) 191.. (Year)

...ER	FULL MAIDEN NAME	MOTHER
	RESIDENCE	

AGE AT LAST BIRTHDAY ..... (Years)

...ent birth .....

...M. .....

...strar

PERMANENT RECORD

made for each and the number

96-206-036-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Preston RFD

No. —— St.

Hospital ——

Registration District No. 18 File No. 14218

Primary Registration District No. 2119 Registered No. 18 V

FULL NAME OF CHILD Anna Roper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one	—	yes	Jan 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. M. Orson Roper	Pearlie Taylor
RESIDENCE	Preston Ida	Preston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Preston Ida	Preston Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Coulter

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 6/15 1913 D C Ray
Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-9-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-222-36-165

PLACE OF BIRTH

Form V. S. No. 11-C—Rim-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 18

File No. 14233

No. ..... St.

Primary Registration District No. 2069

Registered No. 197

Hospital .....

FULL NAME OF CHILD Elizabeth King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 22 1912

FATHER

FULL NAME Roland H King

RESIDENCE Malad Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Iowa

OCCUPATION harness maker

MOTHER

FULL MAIDEN NAME Mary Jones

RESIDENCE Garden

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Malad Idaho

OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 620 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Bolingbroke Midwife (Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 24 1913 D C Kay Registrar

..... Registrar

S-Y CO. 20174

DUP OF 1912 - 392483
name CHANGE

1107

...was no attending physician or ...father, householder, etc., ...return. A stillborn child is ...ities nor shows other evi-

(Signature) _____

(Physician or midwife) _____

...upplemental report.

413-228-040-495

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No ....., ... St.

Hospital .....

Registration District No 25 File No. 14540

Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD Thelma Elizabeth Malm

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
G	X	X	Yes	July 28, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sigjurd Adolph Malm	FULL MAIDEN NAME	Hilma Lindberg
RESIDENCE	Mullan Ida	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hilma Malm

(Physician or Midwife)

Given names added from a supplemental report

July 10, 1913

Address .....

[illegible] Registrar

Filed July 5 1913 F W Rolfs Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

dup of 1912-254500

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Clifton

No. ....., ... St.

Hospital .....

Registration District No. 27 File No. 14754

Primary Registration District No. 2119 Registered No. 53

FULL NAME OF CHILD Lauretta Lewis

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Girl		yes	Nov. (Month) 12 (Day) 19[illegible]

FATHER		MOTHER	
FULL NAME	Henry Leo Lewis	FULL MAIDEN NAME	Laura Belle Adams
RESIDENCE	Oxford 20	RESIDENCE	Oxford Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Oxford Idaho	BIRTHPLACE	Riverdale Idaho
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston Idaho

Filed 8-7 1933 Allen R Cutler Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

[redacted]

369 [illegible] 36-235

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

Registration District No. 27 File No. 14755

No. ....., ... St.

Primary Registration District No. 2119 Registered No. 50

Hospital .....

FULL NAME OF CHILD ~~Loreta~~ Leota Corbridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Nov. 10, 1912

FATHER	MOTHER
FULL NAME Sylvester Lorin Corbridge	FULL MAIDEN NAME Effie Stephens
RESIDENCE Preston	RESIDENCE Preston
COLOR white	AGE AT LAST BIRTHDAY 30 (Years)
COLOR white	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Farmer

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or Midwife)

Address Preston

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 8-7 19 13 Allen Cutler
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 17 1971

415:124:036-459

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ....., ... St.

Hospital Home

Registration District No 27 File No. 19756

Primary Registration District No. 2119 Registered No. 65

FULL NAME OF CHILD Ralph George Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	July 24, 1912

FATHER		MOTHER	
FULL NAME	David Davis	FULL MAIDEN NAME	Mary H Merrill
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Pensilvania U.S.A.	BIRTHPLACE	Smithfield Utah, U.S.A.
OCCUPATION	Sheriff	OCCUPATION	Home Maker

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 9:30 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston

Filed 8-7 19 3

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

389-130-036-547

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ....., ... St.

Hospital .....

Registration District No. 27 File No. 14757

Primary Registration District No. 2119 Registered No. 66

FULL NAME OF CHILD Marvin Christensen.

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		yes	July 30, 1912

FATHER		MOTHER	
FULL NAME	Martin Christensen	FULL MAIDEN NAME	Lula Edgley
RESIDENCE	Mink Creek Idaho,	RESIDENCE	Mink Creek Idaho
COLOR	Tweenty two	COLOR	White,
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mink Creek Idaho	BIRTHPLACE	Mink Creek
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth ... One

Number of children, of this mother, now living, including present birth ... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 15 P.m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Nancy Beckstead
Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Preston, Idaho,

Filed 8-7 1913 Allen R Cutler
Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

617-207-036-619

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Oneida

City of Glendale

No. ....., ... St.

Hospital Home

Registration District No. 27 File No. 14758

Primary Registration District No. 2119 Registered No. 67

FULL NAME OF CHILD ~~Mary Magdalene~~ ELSIE MAGDALINA Wagstaff

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Girl		yes	Aug (Month) 7 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Wm Addison Wagstaff	FULL MAIDEN NAME	Mary M Warner
RESIDENCE	Glendale	RESIDENCE	Glendale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	England	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Home Maker

Number of child of this mother, including present birth 10 Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Aug 7th 1912 alive (Born alive or stillborn) at [illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead
Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston

Filed 8-7 1913 Allen R Cutler
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Franklin } ss.

Certificate No. _____

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Mary Magdalina	Elsie Magdalina

Subscribed and sworn to before me this 1st
day of July, 1942

Notary Public, residing at Preston Idaho

My commission expires Dec 17 1944
(Seal)

Signed Fred Wanner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

JUL 3 1942

759-222-036-253

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ....., ... *St.*

Hospital .....

Registration District No. 27 **File No.** 14761

Primary Registration District No. 2119 **Registered No.** 60

FULL NAME OF CHILD Allice Perkins

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Girl		yes	Sept (Month) 22 (Day)

FATHER		MOTHER	
FULL NAME	Joseph Marion Perkins	FULL MAIDEN NAME	Nellie Bell
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah U.S.A.	BIRTHPLACE	Weston Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or Midwife)

Address Preston Idaho

Filed 8-7 1933 Allen R Cutler Registrar

Given names added from a supplemental report

....., 19....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

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PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

[redacted]

259.1/12.086-219

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Mink Creek

Registration District No. 27 File No. 14762

No. ____, ____ St.

Primary Registration District No. 219 Registered No. 88

Hospital ____

FULL NAME OF CHILD Garland Edward Bergquist

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Sept 12 1912

FATHER		MOTHER	
FULL NAME	Peter August Bergquist	FULL MAIDEN NAME	Mary Jessie Baird
RESIDENCE	Mink Creek Ida	RESIDENCE	Mink Creek
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Utah U. S. A.
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Nancy Beckstead

Midwife (Physician or Midwife)

Address Preston Idaho

____, 19____ Registrar

Filed 8-7 19 13 Allen R. Cutler Registrar

SYMS - YORK CO., PTRS. & SDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. U.S.-Rev.-57-51

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

815-126-036-259

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Mink creek

No. ....., ... St.

Hospital .....

Registration District No. 27 File No. 14763

Primary Registration District No. 2119 Registered No. 54

FULL NAME OF CHILD Nephi Oliver Hansen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Boy		yes	Dec 26 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew M. Hansen	FULL MAIDEN NAME	Josephine Berquist
RESIDENCE	Mink Creek Idaho	RESIDENCE	Mink Creek Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Preston Idaho

Filed 8-7 1913 Allen R Cutler

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 19 1967

125-122-032-666

[redacted]

Form V. S. No. 1[redacted]

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TATISTICS
[redacted] OF BIRTH

PLACE OF BIRTH

County of Lincoln

City of Goodwin

No. ..... St.

Hospital .....

Registration District No. 5

Primary Registration District No. 2014

File No. 15293

Registered No. 245

FULL NAME OF CHILD Baby Abernathy.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
M.	2 (To be answered only in event of plural births)	Yes	12-22-1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gen Abernathy.	FULL MAIDEN NAME	Stella Woodworth
RESIDENCE	Goodwin	RESIDENCE	Goodwin
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Idaho.
OCCUPATION	Labor.	OCCUPATION	Hwife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. O. Cary M.D.

Goodwin Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12/25 1912 C. F. Zellen Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912-386164

695-130-032-409

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Hazelton

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 5 File No. 15294

Primary Registration District No 2016 Registered No. 246

FULL NAME OF CHILD James Wilson Freeman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Dec 25 1912

FATHER		MOTHER	
FULL NAME	David O Freeman	FULL MAIDEN NAME	Hester L. Murray
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno L Lenz

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address Hazelton Idaho

Filed Jan 5 1913 C A Keller

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17988

JUN 17 1968

152-126-032-239

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hazelton

No. ....., ... St.

Hospital .....

Registration District No. 5 File No. 15295

Primary Registration District No. 2016 Registered No. 247

FULL NAME OF CHILD Phillip Robert Ansell

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Boy		Yes	Dec (Month) 26 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Louis Albert Ansell	FULL MAIDEN NAME	Lucille Genevia Strange
RESIDENCE	Milner Idaho	RESIDENCE	Milner Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ills	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno G Lenz

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Hazelton Idaho

Filed Jan 1 1913 C. F. Zeller

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-C—10m-8-7-41

STATE OF IDAHO

Bureau of Vital Statistics

AUG 12 1942

PLACE OF BIRTH

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY

275-106-032-291

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-9-1912

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 15296

Primary Registration District No. 2016 Registered No. 248

FULL NAME OF CHILD Edwin James Spellman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	other	2	yes	3 6 1912

FATHER	MOTHER
FULL NAME Nathan Dennis Spellman	FULL MAIDEN NAME Susanna Josie Black
RESIDENCE Richfield	RESIDENCE Richfield
COLOR W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Douglas Co. Mo.	BIRTHPLACE Cass Co, Indiana
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. A. Young

midwife (Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 12/2 1912 C. F. Zell Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oklahoma } ss.
County of Garfield }

Certificate No. 15296

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edwin Spellman (Name on Original Certificate) who Was Born (Was Born or Died) on Mar. 6, 1912 (Date of Event)
in Richfield Idaho (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Edwin Spellman	Edwin James Spellman
Birth Date	Mar. 6, 1913	March 6, 1912

Subscribed and sworn to before me this 16th
day of March, 1942
Mildred Corey
Notary Public, residing at Enid, Okla.
My commission expires July 14, 1945
(Seal)

Signed Duama d Spellman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma } ss.
County of Garfield }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of March, 1942
Mildred Corey
Notary Public, residing at Enid, Okla.
My commission expires July 14, 1945
(Seal)

Signed Virhan D Spellman
(Signature of Any Credible Person Other Than Previous Year)

Enid Oklahoma R.R. 2
(Street Address, City, State)

719-18-032-436

PLACE OF BIRTH AMENDED JULY 22, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

No. ____ St.

Registration District No. 5 File No. 15303

Hospital ____ Primary Registration District No. 2016 Registered No. 234

FULL NAME OF CHILD Thomas McMahon Garlock
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 18, 1942

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: L. W. Garlock	FULL MAIDEN NAME: Orene McMahon
RESIDENCE: Richfield, Idaho	RESIDENCE: Richfield, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Clerk	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Reynolds, M.D.
(Physician or midwife)

Address Richfield, Idaho

Give names added from a supplemental report.

____, 192____

____
Registrar.

Filed 12/20/ 1942 C. F. Zelli
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

changed file date from 12/20/1913 to 12/20/1912-corrected date that wastaken off of original certificate 12-02-09 pjr

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Multnomah }

Certificate No. 15303
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Thomas I. Garlock (Name on Original Certificate) who was born (Was Born or Died) on Dec. 18, 1912 (Date of Event) in Richfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on April 23, 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Thomas I. Garlock	Thomas McMahon Garlock

Subscribed and sworn to before me this 9th day of July, 1954

Harley Gyoung
Notary Public, residing at Portland Oregon
My commission expires Feby 7, 1955
(Seal)

Signed Irene McMahon Garlock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1804 NE 43rd Ave. Portland Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July, 1954

Harley Gyoung
Notary Public, residing at Portland Oregon
My commission expires Feby 7, 1955
(Seal)

Signed [signature]
(Signature of Any Credible Person)

1804 NE 43rd. Ave Portland Ore.
(Street Address, City, State)

DPH 52-155

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[illegible] 6-20-11

County of Lincoln

City of Richfield

No. ....., ... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 15304

Primary Registration District No. 2016 Registered No. 235

FULL NAME OF CHILD Leoni Garlock

Sex of Child	Twin, ~~Triplet, or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	12 (Month) 18 (Day), 1912 (Year)

FATHER		MOTHER	
FULL NAME	Leon Garlock	FULL MAIDEN NAME	Orene McMahon
RESIDENCE	Richfield, Ida	RESIDENCE	Richfield, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	—

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. McReynolds

Richfield, Ida (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 12/20 1913 C. F. Zeller

Registrar

Registrar

S-Y CO., 16670

DELAYED

469-10 [illegible]

[illegible]

[illegible]

[illegible]

County of [illegible]

City of Gooding

Registration District No. 5

File No. 15306

No. ..... St.

Primary Registration District No. 2014

Registered No. 237

Hospital .....

FULL NAME OF CHILD James Leonard Morrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12-28 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robt Jas Morrison	FULL MAIDEN NAME	Elsie G. Smith
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Birmingham Eng.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12/30 1912 C. F. Zeller

Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-226-032-261

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 5

File No. 15307

Primary Registration District No. 2014

Registered No. 238

FULL NAME OF CHILD Lillie Klint

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	One			Yes	Dec 26 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. A Klink	FULL MAIDEN NAME	Emma Swanson
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Gooding Idn

Filed Dec 30 1912 C. F. Zellner

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of [illegible])

APR 10 1968

443-21 to 32-419

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 5

File No. 15308

Primary Registration District No. 2014

Registered No. 239

FULL NAME OF CHILD William Andrew Ducker, Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 21 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Andrew Ducker	FULL MAIDEN NAME	Clara E. March
RESIDENCE	Gooding Ida	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Middletown, Ohio	BIRTHPLACE	Lawrence Kansas
OCCUPATION	Dist Mgr Gem State Lumbr. Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Gooding, Idaho

Filed Dec. 30 1912 C. F. Zeller

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 6 1942

3/17/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6 89-206-032-288

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. ..... St.

Registration District No. 0 File No. 15309

Primary Registration District No. 2014 Registered No. 240

Hospital .....

FULL NAME OF CHILD Mildred Belle White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One		Yes	Dec 6 1912

FATHER

FULL NAME Edward Richard White

RESIDENCE Gooding Idaho

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Ontario, Canada

OCCUPATION Transfer & Storage

MOTHER

FULL MAIDEN NAME Ella May Bryson

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Minn.

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a M. on the date above stated.

(Signature) J. H. Cromwell M. D.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 1/30 19 13 C. F. Zeller Registrar

8-Y CO. 20174

Form V. S. No. 11-C—Rev. 5-18.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-032-239

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] OF BIRTH

C[redacted] Lincoln

C[redacted] Gooding

No. [redacted] St.

Registration District No. 5 File No. 15311

Primary Registration District No. 2014 Registered No. 242

FULL NAME OF CHILD Baby Hampton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	S.	6	yes	11 (Month) 22 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Will Hampton	FULL MAIDEN NAME	L. Strobe.
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	S. Carlina.	BIRTHPLACE	S. Carlina
OCCUPATION	Carpenter.	OCCUPATION	Hwife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 12 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 11/25 1912 C. F. Zeller Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. .....

Registration District No. ..... Registered No. .....

Date of Birth

MOTHER

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

Years

BIRTHPLACE

OCCUPATION

BIRTH OF BIRTH

County

City

Vo

Hosp

ORIGINAL RECORD
PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 2-032-239

[redacted] OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

C[redacted] Lincoln

City [redacted] Gooding

Registration District No. 5 File No. 15311

No. [redacted] St.

Primary Registration District No. 2014 Registered No. 242

[redacted]

FULL NAME OF CHILD Baby Hampton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	S.	6	yes	11 (Month) 22 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Will Hampton	FULL MAIDEN NAME	L. Strobe.
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	S. Carlina.	BIRTHPLACE	S. Carlina
OCCUPATION	Carpenter.	OCCUPATION	Hwife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 12 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 11/25 1912 C. F. Zeller Registrar

S-Y CO. 20174

OF BIRTH

PERMANENT RECORD

Do not fold. Use number

815-105-022-355

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Kilgore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 15608

Primary Registration District No. 2176 Registered No. 9

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	L	L	yes	Nov. 5 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Hancock	FULL MAIDEN NAME	Nancy C. Tivebaugh
RESIDENCE	Kilgore	RESIDENCE	Kilgore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Swan

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kilgore, Ida

Filed ~~Sept 10~~ Aug 10 1913 Ray S. Fisher Registrar

A.M.P.

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

PLACE OF BIRTH

County of

866-124-028-113

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 12

File No. 16475

Primary Registration District No. 1003

Registered No. 474

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1			Yes	12 (Month) 24 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hooker	FULL MAIDEN NAME	Jackson
RESIDENCE	Vancouver, B. C.	RESIDENCE	Vancouver, B. C.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Busby M D

(Physician or midwife)

Address Coeur d'Alene

Filed 10/10 1913 D D Drumman
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOLD PARENTS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of 493-111-003-955

Registration District No _____ File No. 16936

No _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Willard Elmer Nicholiason

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) August (Day) 11 (Year) 1912
Male			

FATHER		MOTHER	
FULL NAME	Peter Nicholiason	FULL MAIDEN NAME	Edith Reed
RESIDENCE	Bancroft Idaho	RESIDENCE	Bancroft Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Logan	BIRTHPLACE	Salt Lake city
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Willard Elmer Nicholiason at _____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Caston alive

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address _____

Filed Aug. 19 12

Ellis Kackley
Co. Mgr.

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

County of Bancroft

City of Bancroft

365-130-003-255 No. ....., ... St.

Registration District No. .....

Primary Registration District No. .....

Hospital .....

CERTIFICATE OF BIRTH

File No. 16937

Registered No. .....

FULL NAME OF CHILD Anson Loveland

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male			July 30, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Anson Loveland	FULL MAIDEN NAME	Sarrah Bevens
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Chesterfield	BIRTHPLACE	Gentile valley Idaho
OCCUPATION	house wife	OCCUPATION	house wife

Number of child of this mother, including present birth ..... 6 .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Anson Loveland (Born alive or stillborn) at 5 ..... on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 19 12 Ellis Hoch By Mil

Registrar

Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and number of each, in order of birth stated

...MS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

DATE

Form V. S. No. II-C—Idaho-7-43

MAKING RESERVED FOR BINDING

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO [redacted] BOARD OF HEALTH, [redacted] CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FI[redacted] BEEN PROMPTLY REGISTERED.

254-121-016-759

PLACE OF BIRTH

STATE BOARD OF HEALTH FILE No. 16974

CERTIFICATE OF BIRTH,

STATE OF [redacted] Idaho

County of Cassia

Precinct of Jmetim basin

Town or Village of

Street and No.

City of Moulton P.O. Idaho

If in Hospital or other Institution, give its name instead of Street and number.

FULL NAME OF CHILD Acle Glen Knudson { If child is not yet named, make supplemental report as directed

Sex of Child Male | Twin, Triplet, or Other? | and Number in Order of Birth 3rd | Legitimate? Yes | Date of Birth Aug 21, 1912 [Month] [Day] [Year]

FATHER

FULL NAME Louis P Knudson

RESIDENCE Jmetim basin Idaho

COLOR White AGE AT LAST BIRTHDAY 29 [Years]

BIRTHPLACE Deweyville Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nellie Gerrner

RESIDENCE Jmetim basin Idaho

COLOR White AGE AT LAST BIRTHDAY 26 [Years]

BIRTHPLACE Deweyville Utah

OCCUPATION Home Wife

Number of Child of this Mother 3

Number of children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on 21 day Aug 1912 at M.

Premature ← or Still Birth? ✓ (Yes or No)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

[Signature] S. J. Rose M.D.

Date Oct 21 1912

Physician [Physician or Midwife]

Address of Physician or Midwife Moulton Idaho

Give name added from supplemental report

19

REGISTRAR.

Filed NOV 1913

Registered No.

REGISTRAR.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

3-6-12 10m

[redacted] AUG 30 1974

Information for Physicians, Midwives, Parents and Others Required to Report Births

Section 2036x3, Compiled Laws of Utah, 1907. That all births that occur in the State shall be immediately registered in the district in which they occur, as hereinafter provided.

REPORTS.

Sec. 2036x4, Compiled Laws of Utah, 1907. That it shall be the duty of the Attending Physician or Midwife to file a certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occurred, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blank from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 2036x8, Compiled Laws of Utah, 1907, provides that: * * * "All Physicians, Midwives, Informants * * * connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through the local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted without satisfactory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 13 shall strike out the words "I hereby certify that I attended the birth of above child," and write in lieu thereof the words "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as parent, householder, etc., as the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return same for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number and make a copy of the original certificate for your local record. If the name of the child is not reported give the person who made the return a blank for supplemental report of name and direct that it be sent you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of name of child has not yet been filed, send the certificate and forward the later report as soon as received after entering name or other fact on your copy. If the child died before being named, the report should be made with the statement "died unnamed."

PENALTY.

Sec. 2036x12, Compiled Laws of Utah, 1907. And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 13 of this Act, who shall neglect or refuse to file a proper certificate of birth with a local registrar within the time required by this Act, shall be deemed guilty of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and direction of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of a misdemeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

[illegible] ISTICS

[illegible] CATE OF BIRTH

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. 319-105-032-364 St.

Registration District No. [illegible]

File No. 16975

Primary Registration Dis[illegible] 2014

Registered No. 243

Hospital

FULL NAME OF CHILD Buby Carp[illegible]

Sex of Child	Twin Triplet or other?	and	Number in order of birth		Date of Birth
M.	S		2.	Yes	Dec 5 1912 (Month) (Day) (Year)

(To be answered only in event of plural birth)

FATHER		MOTHER	
FULL NAME	Faust Carpenter	NAME	[illegible] Conde
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	H Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Congress

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Gooding Idaho

Filed Dec 15 1912 C. F. Zeller

Registrar

Registrar

S-Y CO. 20174

[redacted]

PLACE OF BIRTH

243-127-037-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth added.

PLACE OF BIRTH

County of Owyhee

City of Homedale

No. ..... St.

Hospital .....

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 17011

Primary Registration District No. 2123 Registered No. 4

FULL NAME OF CHILD Isaac Emanuel Sutton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Conrad Maynard Sutton	Effie Sophia Stroud
RESIDENCE	Homedale	Homedale
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	26
BIRTHPLACE	Mo	
OCCUPATION	Stockman	Home Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 9 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) x Mrs Mary F Letcher (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Nov 2 19 13 T. D. Evans Registrar

S-Y CO. 20174

BIRTHPLACE

855-226
036-319

PLACE OF BIRTH

Form V. S. [redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

17141

County of Oneida

City of ----------

Registration District No. 27 File No. ----------

No. ----------, ---------- St.

Primary Registration District No. 2119 Registered No. 130

Hospital ----------

FULL NAME OF CHILD Florence Henderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	—	Yes	July 26 19[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James C Henderson	Mary Larsen
RESIDENCE	Clifton	Clifton, Ida.
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 22	White /
BIRTHPLACE	Clifton	Clifton, Ida.
OCCUPATION	Farmer.	Housewife

Number of children of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 7:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Allen R Cutler M.D.

Physician

(Physician or Midwife)

Address Preston Idaho

Filed 11/7 19[illegible] Allen R Cutler Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

MAR 6 1975

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City [illegible] Registration District No. 78 File No. 17674

No. ——, —— St.

249-217-009-699 Primary Registration District No. 215 J Registered No. 415

Hospital

FULL NAME OF CHILD Marguerite Ethel Burns

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	2d	yes	Apr. 17, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. T. Burns	FULL MAIDEN NAME	Mabel Owright
RESIDENCE	4 West of Valley Idaho	RESIDENCE	near valley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Marion, Marion County Ohio	BIRTHPLACE	Ord, Neb
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Apr 17, 1912, at 1 15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred K. W. Didier, M.D.
Lacledie Ida
(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address

Filed Feb 10 1913 M. McKinnon
Registrar

S-Y CO., 16670

APR 9 1974

DEC 23 1944

168-201-040-85

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of mayor, first case child of birth, a [illegible] must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan Ida

No. ....., ... St.

Hospital .....

Registration District No. 122 File No. 17903

Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD Sophia Elvira Johnson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
girl	X		X	Yes	June (Month) 1 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Johnson	FULL MAIDEN NAME	Beda Heikka
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Finland
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Elma Sephian

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Mullan Ida

Filed Sept 13 1913 F. W. Rolfs

Registrar

Nov 15 13 H C Mowery Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-3-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. With Ink or Typewriter. Do not abbreviate. If birth occurred in a hospital or institution, state its NAME instead of street and number. If child was not born in hospital or institution, give its usual residence. If mother is married, or has been married, the name of husband must be given. If child is not living, a report is required, but the space for name may be left blank.

DELAYED

213-12-004-319

Amended 9/6/72 (Be sure the information is complete and accurate)

State File No. 17985
Local Reg. No.
Reg. Dist. No. 52

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Marshall
b. (Middle):
c. (Last): Bateman

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): November 22, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Fred
b. (Middle):
c. (Last): Bateman

8. AGE (At time of this birth): 41 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Bloomington, Idaho
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Margaret
b. (Middle):
c. (Last): Hargreaves

13. AGE (At time of this birth): 36 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): England
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ashley G. Conley
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Montpelier, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.:
22. REGISTRAR'S SIGNATURE: H. H. King
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

DELAYED

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness?

CK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

DELAYED FILED DEC 1913

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Bwar Lake } ss.

Certificate No. 17985

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bateman (male child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 23, 1913 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marshall Bateman
Child's Date of Birth	Nov. 23, 1913	November 22, 1913
Full Maiden Name of Mother	Lizzie Smith	Margaret Hargreaves

Subscribed and sworn to before me this 9th day of April, 19 63

[illegible] C. McCall

Notary Public, residing at Montpelier, Idaho

My commission expires 9-16-65

(Seal)

Signed Clarence O. Stevenson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Montpelier, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of April, 19 63

[illegible] C. McCall

Notary Public, residing at Montpelier, Idaho

My commission expires 9-16-65

(Seal)

Signed Geneva H. Stephens
(Signature of Any Credible Person)

325 N. 10th St.
(Street Address, City, State)
Montpelier Idaho

FORM DH 60-155 CL 4-5-63. nm

Own Child's Birth Cert. on file: (Idaho Birth) #49-05602 gives full name of father as Marshall Bateman, age 35 born in Montpelier, Idaho - viewed by V.S.

L.D.S. Church Cert. of Blessing, Feb. 1, 1914 gives full name as Marshall Bateman, son of Frederick G. Bateman and Margaret Hargreaves, born Nov. 22, 1913 at Montpelier, Idaho - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #398107 gives full maiden name of mother as Margaret Hargreaves - viewed by V.S.

Brotherhood of Railroad Trainmen, Insurance Policy, dated Oct. 1, 1936, policy no. I. R. 6 No. 2448, gives full name of insured as Marshall Bateman, age 23, born November 22, 1913 at Montpelier, Idaho - beneficiary is given as Nellie Jane Bateman, wife - viewed by V.S.

7-26-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 17985

County of ..... } AUG 30 11 43 AM '72 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Marshall Bateman (Name on Original Certificate) who was born (Was Born or Died) on November 22, 1913 (Date of Event)

in Montpelier (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs birthdate	November 22, 1913	November 22, 1912

Subscribed and sworn to before me this 16 day of August, 1972

Gertrude A McCart

Notary Public, residing at Montpelier Ida

My commission expires 9-16-73

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of August, 1972

Gertrude A McCart

Notary Public, residing at Montpelier Ida

My commission expires 9-16-73

(Seal)

Signed Geo Nussbaum

(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Certificate of Ordination to the Holy Priesthood (No. 153) gives name as Marshall Batêman. Ordained a Beacon on Jan. 31, 1926. Gives date of birth as Nov. 22, 1912. Was Baptized Dec. 26, 1922. Dated Feb. 21, 1926. Viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church dated Dec. 31, 1922 gives name as Marshall Bateman son of Fredrick G. Bateman and Margaret Hargreves. Born Nov. 22, 1912. Was Baptized Dec. 26, 1922. Viewed by V. S.

355-10[redacted]795

PLACE [redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce Registration District No. 47 File No. 18172

No. ..... St.

Primary Registration District No. 2124 Registered No. 47

Hospital .....

FULL NAME OF CHILD Kenneth P Zentzis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	9 (Month) 3 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Otis T Zentzis	FULL MAIDEN NAME	Eva Pierce
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 noon on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No physician attended case (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 4 1913 J T McJones Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

413-126-014-696

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett R.D. Registration District No. 2010 File No. 18384

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Gilbert Clements Malmstrom

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	—	—	—	yes	May 26 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charley B Malmstrom	FULL MAIDEN NAME	Hettie Frost
RESIDENCE	Emmett R.D.	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Calif.	BIRTHPLACE	Utah
OCCUPATION	Ranches	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jane Hodge midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett Ida

Filed 11-8 1913 J. L. Reynolds
Registrar

..... Registrar

S-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1970
SEP 17 1956

469-125-021-795

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Glendale

No. ..... St.

Hospital home

Registration District No. 27 File No. 19225

Primary Registration District No. 2119 Registered No. 3

FULL NAME OF CHILD Oliver Verl Mortensen

Sex of Child	X Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Sept 25 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew D. Mortensen	FULL MAIDEN NAME	Christine Gregerson
RESIDENCE	Glendale	RESIDENCE	Glendale
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or midwife)

Address Preston Ida.

Given names added from a supplemental report

..... 19.....

Filed 1/14 1914 Dr Allen R Cutler Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

469-225-321-795

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Franklin

City of Glendale

No. ..... St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 19226

Primary Registration District No. 2119 Registered No. 4

FULL NAME OF CHILD Olive Pearl Mortenson

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Sept (Month) 25 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Andrew D. Mortenson	FULL MAIDEN NAME	Christina Gregerson
RESIDENCE	Glendale	RESIDENCE	U Glendale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~Born~~ Nancy Beckstead

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Ida

Filed 1/14 1914 Dr Allen R Cutler Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 1 0 1969

DECEASED

DELAYED

753-226-040-264

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19669

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 13

No. _____ St.

Primary Registration District No. 2201 Registered No. _____

Hospital _____

FULL NAME OF CHILD Angelo Pechavar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	3	Yes	Oct 26 1912

FATHER		MOTHER	
FULL NAME	Joe Pechavar	FULL MAIDEN NAME	Tricia Bodnick
RESIDENCE	Stewart	RESIDENCE	Stewart
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Doctor

Reported by T. R. Mason (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Kellogg, Idaho

Filed 7/6/1914 Geo. S. Lesher Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 28 1955

DELAYED

463.115.0 09-943

PLACE OF BIRTH

[redacted]

m V. S. No. 11-C—10m-8-7-11

County of Bonne[redacted]

City of Cocolalla

Registration District No. 78 File No. 19718

No. ....., ... St.

Primary Registration District No. 2155 Registered No. 460

Hospital .....

FULL NAME OF CHILD — Keneth [illegible] Mott

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
M	1	5	Yes	Dec 15 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John R. Mott	FULL MAIDEN NAME	Paulina Ruthdart
RESIDENCE	Cocolalla	RESIDENCE	Cocolalla
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	S. Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Jackson MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sandpoint

Filed 2-16 1914 M. McKinnon

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 6 1974

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bonner

City of Sandpoint

No. ..... St.

Hospital Darrell Sylvester

CERTIFICATE OF BIRTH

19736

Registration District No. 78

File No.

Primary Registration District No. 2153

Registered No. 448

FULL NAME OF CHILD Lesrell Doolittle

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Aug 8 1912

	FATHER	MOTHER
FULL NAME	Lafayette Sylvester Doolittle	Estella Weilep
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Wis	Wis
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Adell Doolittle

Midwife (Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-16 1914 M McKinnon Registrar

S-Y CO. 20174

DELAYED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [redacted]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. S. Florence
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. S. Florence
(e) How long has **MOTHER** lived in Idaho? 5 yrs

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Darrell Sylvester Doolittle
5. Date of Birth of Child (Month, day, year) Aug. 8, 1912
6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mos
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lafayette Sylvester Doolittle
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Wood work around town
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ottelia Henrietta Fredericka Widep
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living al

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Frank Doolittle Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Priest Rener Idaho (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 15 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Richa M Lean Signature
Notary Public in Idaho P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by Mabel F Eldin, Registrar

JAN 13 1943

JAN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

242-121 022-3

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 9 File No. 19976

Primary Registration District No. 2039 Registered No. .....

FULL NAME OF CHILD (See certif. #8835)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1	Yes	8 (Month) 21 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Busby	FULL MAIDEN NAME	Alice C. Thayne
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:55A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crissmon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg

Filed Aug 1912 Ray V. Fisher Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEE 1912-8835 MADE FOR
1ST TWIN

355-227-009-194

PLACE OF BIRTH

Form V. S. No. 11-Gm-2M-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

Registration District No. 8

File No. 19978

No. ..... St.

Primary Registration District No. 2053

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mable Lenore (See certificate #6170)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	Twin	and	Yes	5 (Month) 27 (Day) 12 (Year)

FATHER		MOTHER	
FULL NAME	Aleck Lenore	FULL MAIDEN NAME	Jennie Armstrong
RESIDENCE	Laclede	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	---
OCCUPATION	Laborer-lumber camp	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6:00A M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Laclede

Filed June 19 12

..... Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Bonner

515123-029-818

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

[redacted]

Bureau of [redacted]

CERTIFICATE OF BIRTH

19981

County of Latah

City of Viola

Registration District No. _____ File No. _____

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

~~Hospital~~ _____

FULL NAME OF CHILD Jay Emerald Van De Mark

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Boy		Yes	Dec (Month), 23 (Day), 1912 (Year)

FATHER		MOTHER	
FULL NAME	Jabez Elias Van De Mark	FULL MAIDEN NAME	Irene Haynes
RESIDENCE	Viola Ida	RESIDENCE	Viola Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	fifty seven (Years)	AGE AT LAST BIRTHDAY	forty two (Years)
BIRTHPLACE	Ringold Pickaway Co Ohio	BIRTHPLACE	Gratiot Co Michigan
OCCUPATION	Business Manager Thatuna academy	OCCUPATION	House Wife

Number of child of this mother, including present birth five

Number of children, of this mother, now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs John F. Garvin

Graduate Nurse (Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address Viola Latah Co Ida

Filed Jan 19 13 D Z Rae

Registrar

Registrar

FEB 1914

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

DELAYED

365-222 008-366

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Placerville Registration District No. 6 File No. 19996

No. ....., ... St. Primary Registration District No. 2019 Registered No. ~~24~~ 69

Hospital .....

FULL NAME OF CHILD Teresa Elizabeth Connaughton

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	12 – 22 1912

FATHER		MOTHER	
FULL NAME	Peter Charles Connaughton	FULL MAIDEN NAME	Nancy Elizabeth Coonrod
RESIDENCE	Placerville	RESIDENCE	Placerville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho.	BIRTHPLACE	Kansas.
OCCUPATION	Merchant	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician (Physician or Midwife)

Given name added from a supplemental report

..... 19....

Address Placerville, Ida.

A. G. Byw Registrar

Filed Dec 1912 G. G. Fitz Registrar

FEB 1914

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 4 1943

DELAYED

DELAYED

Dep of 1912 - 12013

386-212-008-962

[redacted]

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of near Van Wyck

No. ....., ... St.

Hospital .....

Registration District No. 6

File No. 19998

Primary Registration District No. 2027

Registered No. 73

FULL NAME OF CHILD Elizabeth Katherine Thornton

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
F		Yes	July (Month) 12 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	L. R. Thornton	FULL MAIDEN NAME	Laura M. Rose
RESIDENCE	near Van Wyck	RESIDENCE	near Van Wyck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Idaho
OCCUPATION	Ranchman	OCCUPATION	house-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wallace Johnson M.D.

Phys. (Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Roseberry Ida

Filed 3-11 1914

A. G. Byrd

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 19998

County of ..... } Date Filed .....

RECEIVED BUREAU OF VITAL STATISTICS OCT 12 19 50 AM

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Thornton (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 12, 1912 (Date of Event)

in Van Wyck, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Elizabeth Katherine Thornton

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Gem }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of August, 1972

Richard O. Holgren

Notary Public, residing at Emmett

My commission expires 16th, Nov. 1973

(Seal)

Signed Laura May Thornton

(Signature of Any Credible Person)

931 So. Baise Ave.

(Street Address, City, State)

Emmett Idaho

83617

FORM DH 60-155 CL 8/15/72 nm

Own child's birth certificate on file in Idaho (#207360) gives child's name as Patricia Delphenia Rolland born Oct. 26, 1932. Gives father's name as Virgil Rolland and the mother's name as Elizabeth Katherine Thornton. Viewed by V. S.

JUL 2 8 1975

Marriage License and Certif. from Idaho gives groom's name as Virgil Rolland and the bride's name as Katherine Thornton. Datedmarch 2, 1932. Viewed by V. S.

Social Security Crd (519-05-9358) gives name as Elizabeth Katherine Rolland. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-126 266

PLACE [redacted]

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Prairie

No. — St.

Hospital —

Registration District No. 34 File No. 20469

Primary Registration District No. 2020 Registered No. 11

FULL NAME OF CHILD James Donald Evans

Sex of Child Male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 6 (Month) 26 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Charles William Evans	FULL MAIDEN NAME	Mamie Elizabeth Bower
RESIDENCE	Prairie	RESIDENCE	Prairie Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wellington, Illinois	BIRTHPLACE	Genoa Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Third Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah C Bower

([redacted] midwife)

Given names added from a supplemental report.

Address Prairie Idaho

19

Filed 3/26 1914 B.W. Mather Registrar

Registrar

S-Y CO. 24656

[redacted]

JUN 20 1951

4/10/51 Z.J.

393105·00-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iowa

No. ..... St.

Hospital .....

Registration District No. 73 File No. 21443

Primary Registration District No. 2117 Registered No. 44

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar (Month) 5 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Charles Sellers	FULL MAIDEN NAME	Lily Hains
RESIDENCE	Iowa Ida	RESIDENCE	Iowa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa Ida	BIRTHPLACE	Blackfoot Ida
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Malone (Born alive or stillborn) at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iowa Ida

Filed Apr 8 1914 [signature] Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

DELAYED

553-105-010-195

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneville

City of Iona

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

21444

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 49

FULL NAME OF CHILD Mary Nelson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	3 (Month) 5 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Martin Nelson	FULL MAIDEN NAME	Alice Ainsworth
RESIDENCE	Iona Ida	RESIDENCE	Iona Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth..... Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Iona Bonneville Co Idaho

Filed Apr 8 1914 [illegible]

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

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455·102·010-462

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

21445

County of Bonneville

City of Iona

Registration District No. 73 File No.

No. , St.

Primary Registration District No. 2150 Registered No. 90

Hospital

FULL NAME OF CHILD Howard Denning

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male	1		Yes	June (Month) 2 (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Jeddie Squire Denning	Cornelia Moss
RESIDENCE	Iona Ida	Iona Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	22 (Years)	20 (Years)
BIRTHPLACE	Yamington Ill	St George Utah
OCCUPATION	Teamster	House wife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife (Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed Apr 1 1914 [illegible] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

JAN 3 19[illegible]

PLACE OF BIRTH

DELAYED

86X 214 010 793

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

No. 11-C—10m-8-7-11

County of Boneville

City of Iona

No. ....., ... St.

Hospital .....

Registration District No. 13 File No. 21446

Primary Registration District No. 2150 Registered No. 91

FULL NAME OF CHILD Mary Delight Young

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	July (Month) 14 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Charles Ray Young	FULL MAIDEN NAME	Christena Gilbert
RESIDENCE	~~White~~ Iona Ida.	RESIDENCE	~~White~~ Iona Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Huntington Utah	BIRTHPLACE	Utah
OCCUPATION	Sheep Herder	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Derning

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Iona Idaho

Filed April 1 1912 [signature] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

PLACE OF BIRTH

DECEASED

DELAYED

613 118 010-713

PLACE OF BIRTH

[redacted] V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No ....., ... St.

Hospital .....

Registration District No. 73 File No. 21447

Primary Registration District No. 2150 Registered No. 92

FULL NAME OF CHILD CECIL PALMER WALKER

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	Nov (Month) 18 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	James Henry Walker	FULL MAIDEN NAME	Laura Lovina Palmer
RESIDENCE	Iona Ida.	RESIDENCE	Iona Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah Washington Co
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 18 at 11 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Iona Idaho

Filed Apr 8 1914 C H Cumand
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. JAN 31 1942
County of Los Angeles }

Certificate No. 21447

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Cecil Palmer Walker (NAME OF ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 18, 1912 (DATE OF EVENT)
in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bureau of Vital Statistics (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Cecil Palmer Walker
name of mother	Lara Palmer	Laura Lovina Palmer

Subscribed and sworn to before me this 27th
day of January, 19 42

Chas. N. Deturiles
Notary Public, residing at 2606 Hill St.
My commission expires Dec. 4, 1945. Huntington Park, Cali.
(SEAL)

Signed Laura Lovina Palmer Walker
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of January, 19 42

Chas. N. Deturiles
Notary Public, residing at 2606 Hill St.
My commission expires My Commission Expires Dec. 4, 1945
(SEAL)

Signed James H. Walker (FATHER)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Huntington Park, Cali.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 31 1942 By .....
(REGISTRAR'S SIGNATURE)

JUN 5 1974

391-125-010-547

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. ____, ____ St.

Hospital ____

Registration District No. 73 File No. 21448

Primary Registration District No. 2170 Registered No. 93

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male				Yes	June	25	1917

FATHER		MOTHER	
FULL NAME	Richard Tracey	FULL MAIDEN NAME	Elsie Empey
RESIDENCE	Ammon Ida	RESIDENCE	Ammon Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 A.M. on the date above stated.

(Signature) Mrs R W Denning

Mid Wife (Physician or Midwife)

Address Lorna Bonneville Co Ida

Filed Aug 6 1917 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE

DELAYED

249-111-010-815

PLACE OF BIRTH

County of Bonneville

City of Iona

No. _____, _____ St.

Hospital _____

[redacted] No. [redacted]

[redacted]

Bureau of Vital [redacted]

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 21449

Primary Registration District No. 2100 Registered No. 94

FULL NAME OF CHILD Andrew Nesbert Burke

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	Dec. (Month) 11 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Lee Burke	FULL MAIDEN NAME	Sena Hansen
RESIDENCE	Iona Ida	RESIDENCE	Iona Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	
OCCUPATION	Labrosure	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife (Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address Iona Idaho

Filed Apr 8 1914 [signature] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

PLACE OF BIRTH

DELAYED

213-113-007-235

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Arco

No. ....., ... St.

Hospital .....

Registration District No. 21

File No. 22070

Primary Registration District No. 2074

Registered No. 37

FULL NAME OF CHILD Paul Ransom Balding

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth July (Month), 13 (Day), 1912 (Year)
Boy			

FATHER		MOTHER	
FULL NAME	Harry R. Balding	FULL MAIDEN NAME	Anna Kleb
RESIDENCE	Little Lass Valley	RESIDENCE	Little Lass Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Guthrie Co Iowa	BIRTHPLACE	Bardulac N. Dak
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:20 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Harry R Balding

Mrs Jane Balding (Physician or Midwife)

Given names added from a supplemental report

Address Arco Idaho

....., 19.....

Filed June 3 1914 Robert H. Wright Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/4/41 rmf

DELAYED

714.)12:007-513

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

22071

County of Blaine

City of Arco

Registration District No. 21 File No.

No. , St.

Primary Registration District No. 2074 Registered No. 38

Hospital

FULL NAME OF CHILD Arnel Paul

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	July 12, 1913

FATHER		MOTHER	
FULL NAME	J. G. Paul	FULL MAIDEN NAME	Lulu B Eaton
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Cabaret	OCCUPATION	Home wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) J. G. Paul

Mrs Jane Balding (Physician or Midwife)

Address Arco Idaho

Filed June 3 1914 Robert H Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19..

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DELAYED

796-104-007-412

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Barey

No. ..... St.

Registration District No. 21 File No. 22072

Primary Registration District No. 2025 Registered No. 39

Hospital .....

FULL NAME OF CHILD James Edward Giffard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 4 1912

FATHER		MOTHER	
FULL NAME	James Alma Giffard	FULL MAIDEN NAME	Sarah Anne Mason
RESIDENCE	Fish creek Ida	RESIDENCE	Fish-creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Hooper Davis Co. Utah	BIRTHPLACE	Springville Utah
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:52 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife (Physician or midwife)

Address Barey Ida.

Given names added from a supplemental report

..... 19.....

Filed June 2 1914 Robert H Wright Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

133.23.03-619
PLACE OF BIRTH

STATE OF I[redacted]
DEPARTMENT OF PU[redacted]RE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis
City of Forest
No. ..... St.
Hospital

Registration District No. 48 File No. 22153
Primary Registration District No. 2127 Registered No. 20

FULL NAME OF CHILD Nina Elizabeth Allen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Dec. 31, 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Alexander Allen	Lora Lucile Ware
RESIDENCE	Nez Perce, Idaho - Rural	Nez Perce, Idaho, Rural
COLOR	White	White
AGE AT LAST BIRTHDAY	35 (Years)	29 (Years)
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Warehouseman - Grain	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Reported by— Mrs. R. A. Hosley
(Signature)

(Physician or midwife)

Address Forest, Idaho

Filed 5-23-1914 192 Elton B. Rogers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

31 [redacted] -22-844

Form V. S. No. 11-C—25m-1-1-13

[redacted] F BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

No. ..... St.

Hospital .....

Registration District No. 20 File No. 22314

Primary Registration District No. 2012 Registered No. 6

FULL NAME OF CHILD Arletty Campbell

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth May (Month) 16 (Day) 1912 (Year)

FATHER

FULL NAME Nathanial Campbell

RESIDENCE Victor,

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Mt. Pleasant, Utah

OCCUPATION Ranching

MOTHER

FULL MAIDEN NAME Susannah Eleanor Humble

RESIDENCE Victor

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Huntington, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Olive M. Humble, midwife (per R.W. King M.D.)

(Physician or midwife)

Address Victor, Idaho

Given names added from a supplemental report.

..... 19.....

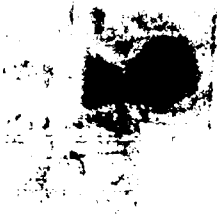
Filed June 15 19 4 Robt W. King Registrar

..... Registrar

8-Y CO. 24655

JUN 4 1945

APR 17 1951



799.107.009-689

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sagle

No. ..... *St.*

Hospital .....

Registration District No. 7

File No. 24729

Primary Registration District No. 2153

Registered No. 632

FULL NAME OF CHILD Orville Lewis Griffith 1912

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	yes	Apr (Month) 7 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	George L. Griffith	FULL MAIDEN NAME	Rosamae White
RESIDENCE	Sagle	RESIDENCE	Sagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Col	BIRTHPLACE	Okla.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Stackhouse

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Sandpoint

Filed Oct 8 1914 M. McKinnon *Registrar*

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1962

DELAYED

235-15-009-692

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ____, ____ St.

Hospital ____

Registration District No. 78 File No. 25819

Primary Registration District No. 2153 Registered No. 687

FULL NAME OF CHILD Reginald Johan Stenerson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		First	Yes	March 15, 1912

FATHER		MOTHER	
FULL NAME	Sam Stenerson	FULL MAIDEN NAME	Jennie Wik
RESIDENCE	Sandpoint, Idaho.	RESIDENCE	Sandpoint, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. on the date above stated.

(Signature) O. F. Pegg, M. D.

(Physician or Midwife)

Address Sandpoint, Idaho.

Filed Dec 8 1914 W. McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN [illegible] each and the number of each, in order of birth stated.

469-101-018-132

Form V. S. No. 11-O—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible] BIRTH

County [illegible] Lemonter

City of Fraser

No. [illegible] St.

Hospital

Registration District No. 90 File No. 26216

Primary Registration District No. 2168 Registered No. 53

FULL NAME OF CHILD Arthur Zeevene Dorothy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 1 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur B. C. Dorothy	FULL MAIDEN NAME	Ruby R. Alkire
RESIDENCE	Fraser Idaho	RESIDENCE	Fraser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Davis County Iowa	BIRTHPLACE	Keopuk Co. Iowa
OCCUPATION	Farming	OCCUPATION	Farming

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at — M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) —

—
(Physician or midwife)

Given names added from a supplemental report

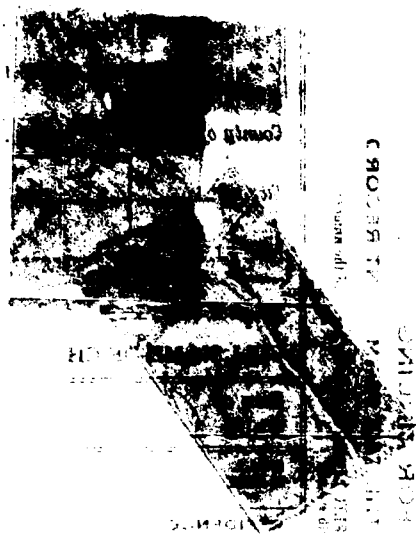
19

Registrar

Address —

Filed Nov 1 1914 J. M. Farley
Registrar

S-Y CO. 20174



NOV 18 1941

FEB 1 1974

MAY 18 1944

643.112.009.435

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Clarkfork

No ....., ... St.

Hospital .....

Registration District No 78 File No. 28952

Primary Registration District No. 2135 Registered No. 770

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth Sept. 12, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Fulmer	FULL MAIDEN NAME	Norah McNash
RESIDENCE	Clarkfork	RESIDENCE	Clarkfork
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Mich.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Knapp M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Hope Ida

Filed Apr 7 1913 M McKinnon
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

DELAYED

819-102-005-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Plummer

No. ..... St.

Hospital .....

Registration District No. 32

File No. 30861

Primary Registration District No. 2049

Registered No. .....

FULL NAME OF CHILD Gordon Carothers

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	1st	Yes	Sept. 2 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm J. Carothers	FULL MAIDEN NAME	Eva Mary Webber
RESIDENCE	Plummer	RESIDENCE	Plummer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Was not reported by attending physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wm J Carothers

Filed June 1 1915 H. L. Mulcahy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1945

JUN 6 1974

DELAYED

Information secured by Dr F S Hawley 7/9/15

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of McCall

No. 296-109-008-859 St.

Registration District No. _____ File No. 31802

Primary Registration District No. 15 Registered No. 44

Hospital _____

FULL NAME OF CHILD Warren Harrington Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	6-9-12 1912

FATHER		MOTHER	
FULL NAME	Karl Elliott Brown	FULL MAIDEN NAME	Ida Harrington
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	N H	BIRTHPLACE	Michigan
OCCUPATION	Lumberman	OCCUPATION	H Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McFall
(~~Physician~~ or midwife)

Given names added from a supplemental report.

_____ 19____

Address McCall

Filed Aug 9 1915 Ruth McDonald Depty Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 7 1944

AUG 10 1953

OCT 1 1961

OCT 25 1961

DELAYED

266-109-032-381

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

Registration District No. 16 File No. 34166

Primary Registration District No. 1016 Registered No. .....

FULL NAME OF CHILD Edwin St Clair Bowler

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Sept (Month) 9 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Archibald E Bowler	FULL MAIDEN NAME	Bernice Champlaine
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Michigan
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 19 1915 J. L. Fuller Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

963.109.005-113

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bruewah

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 32 File No. 39990

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Felix Rochat

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	10	Yes	June (Month) 9 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Paul Rochat	FULL MAIDEN NAME	Leah Jacot
RESIDENCE	Ranch St Maries	RESIDENCE	Ranch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul Rochat

Father (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Filed June 20 1916 ..... St E Hunt Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BOTH
DELAYED DUP OF 1912-169152

242/01.001-491

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

40071

County of Ada

City of Boise

Registration District No. 2

File No. 40 000

No. DeLamar Rooming St. House

Primary Registration District No. 1004

Registered No. 180

Hospital

FULL NAME OF CHILD Julian ~~Subirreta~~ Subisarreta

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 1, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Permin ~~Subirreta~~	FULL MAIDEN NAME	Antonia ~~Yronda~~ Uranga
RESIDENCE	Horseshoe Bend, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	~~24~~ 21 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise, Ida.

Filed 6/1 1916 E. F. Leston

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Changed by Authorization of Dr. Pittenger
12/11/40. L. B.

SEP 3 1963

253-107040-512

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 40794

Primary Registration District No. 1011 Registered No. 41

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One	2nd	Yes	June 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Erick Brak	Amanda Norman
RESIDENCE	Burke Ida	Burke Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

(Signature) Dr. Howery

Physician

(Physician or midwife)

Address Wallace Idaho

Filed JUN 10 1912 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-25028-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai Co

City of Coeur D Alene

Registration District No. 29

File No. 641628

No. _____ St.

Primary Registration District No. 1050

Registered No. 37

Hospital _____

FULL NAME OF CHILD Dorothy May Kirkpatrick

Sex of Child F	Twin Triplet or other? 1 and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May (Month) 25 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	J. F. Kirkpatrick	FULL MAIDEN NAME	Edith Jane White
RESIDENCE	Coeur D Alene Ida	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 ~~34~~ (Years)	AGE AT LAST BIRTHDAY	~~27~~ 25 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	South Africa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Kirkpatrick
Father
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed 8-19 1916 A. T. Hughes

Registrar Registrar

S-Y-CO 38071

MAY 9 1972

DEC 2 6 1941

962.202.014-943

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital (home)

Registration District No. 3 File No. 45319

Primary Registration District No. 2005 Registered No. 248

FULL NAME OF CHILD Roma Katherine Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Nov. (Month) 2 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	William D. Robinson	FULL MAIDEN NAME	Grace B. Rutledge
RESIDENCE	Middleton Idaho	RESIDENCE	Middleton Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	~~29~~ 30 (Years)
BIRTHPLACE	Mountain City Tennessee	BIRTHPLACE	Missouri Cedar Co.
OCCUPATION	Working on farm	OCCUPATION	Housekeeping

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M. D.

physician (Physician or midwife)

Address Caldwell Idaho

Filed 1-4- 1917 John S. Meyer Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-T-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Please of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

DELAYED

236-220-018-25

PLACE OF BIRTH

County of Clearwater

City of Elk River Ida

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. _____ File No. 468934

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Frances Margaret Bloom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			Yes	November 20th 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew Bloom	FULL MAIDEN NAME	Hulda Emelia Franzina Sandberg
RESIDENCE	Elk River, Idaho	RESIDENCE	Elk River, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kjettbo Mora Vino Sweden	BIRTHPLACE	Chicago, Illinois
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth First Child Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Seeley M.D.

Physician at Elk River Hospital (Physician or midwife)

Address Elk River, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed FEB 1917

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1965

MAR 2 6 1976

JAN 1 3 1943

354 - 107-532-281

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. [redacted] 5-12

CERTIFICATE OF BIRTH

Registration District No. 17

File No. 18280

Primary Registration District No. 1107

Registered No. 9

FULL NAME OF CHILD Clarence Emery Lemmon

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Feb 7 1912

FATHER	MOTHER
FULL NAME Raphael J. Lemmon	FULL MAIDEN NAME Ida E. Sharp
RESIDENCE Richfield	RESIDENCE Richfield
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Wisconsin	COLOR White
OCCUPATION Hardware Merchant	AGE AT LAST BIRTHDAY 33 (Years)
	BIRTHPLACE Kansas
	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. McReynolds

Physician

(Physician or midwife)

Address Richfield Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 10 1912 Mary Fitz Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1957

564-223-001-457

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise, Idaho

No. 5th St.

Hospital St. Alphonsus

Registration District No. 2

File No. 58885

Primary Registration District No. 1004

Registered No. 120

FULL NAME OF CHILD Frances Lucy Nourse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	July (Month) 23 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Frank Corker Nourse	FULL MAIDEN NAME Rosalie Anna Unternahrer
RESIDENCE 1212 Main St	RESIDENCE 1212 Main St.
COLOR White — AGE AT LAST BIRTHDAY 23 (Years)	COLOR White — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Boise, Idaho	BIRTHPLACE Sakota, North Dakota
OCCUPATION Contractor	OCCUPATION Housewife

Number of child of this mother, including present birth ..... / ..... Number of children of this mother now living, including present birth ..... / .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collins
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 4/2 1918 L. Pfirman
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 28 1942

DECEASED

DELAYED

343-130-009-532

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

61603

County of Bonner

City of Westmond

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No. 1422

Hospital

FULL NAME OF CHILD William Lutzke

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5	Yes	Oct 30 1917

FATHER		MOTHER	
FULL NAME	Joseph Lutzke	FULL MAIDEN NAME	Mary Eckel
RESIDENCE	Westmond Ida	RESIDENCE	Westmond
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Germany	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~), at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Sansie

(Physician or midwife)

Address Westmond Ida

Given names added from a supplemental report.

19

Filed Aug 7 1918 M. McKinnon Registrar

Registrar (By mrs. B.S.)

K

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1941

DELAYED

242-202-001-36

(35)

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1216 N. 14th St.

Hospital St Alph.

Registration District No. 2

File No. 67817

Primary Registration District No. 1004

Registered No. 95

FULL NAME OF CHILD Polly Ann Bushfield

Sex of Child female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Apr (Month) 2 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Paul A. Bushfield	FULL MAIDEN NAME	Gladys Lowmiller
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Mo
OCCUPATION	Clerk	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Apr 2 at M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 4/5 1919 L. A. Foreman

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-210-011-399

PLACE OF BIRTH

[redacted]

No. 11-C—25m-6-8-17

BUREAU OF [redacted]

CERTIFICATE OF BIRTH

69081

County of Boundary

City of Bonners Ferry Registration District No. 29 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Adelaide Harriett Petersen

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec. 10 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert Julius Petersen	FULL MAIDEN NAME	Ada M. Trickey
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	S. Dakota	BIRTHPLACE	Minn.
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. H. J. Petersen (Mother)

~~(Physician or midwife)~~

Given names added from a supplemental report.

Address Bonners Ferry, Ida.

19

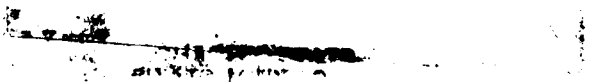
Filed 4/12/1919 E. E. Fry

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN 3 19[illegible]

384-102-001-295

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 72904

County of Ada

City of Boise

No. 214 N. 14th St.

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Joseph J. Lyman.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Boy				Yes	Nov. (Month) 2 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Henry L. Lyman	FULL MAIDEN NAME Rose L. Krieg
RESIDENCE 214 N. 14th St.	RESIDENCE 214 N. 14th St.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Russia	BIRTHPLACE Russia
OCCUPATION Civil Engineer.	OCCUPATION

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Cornell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

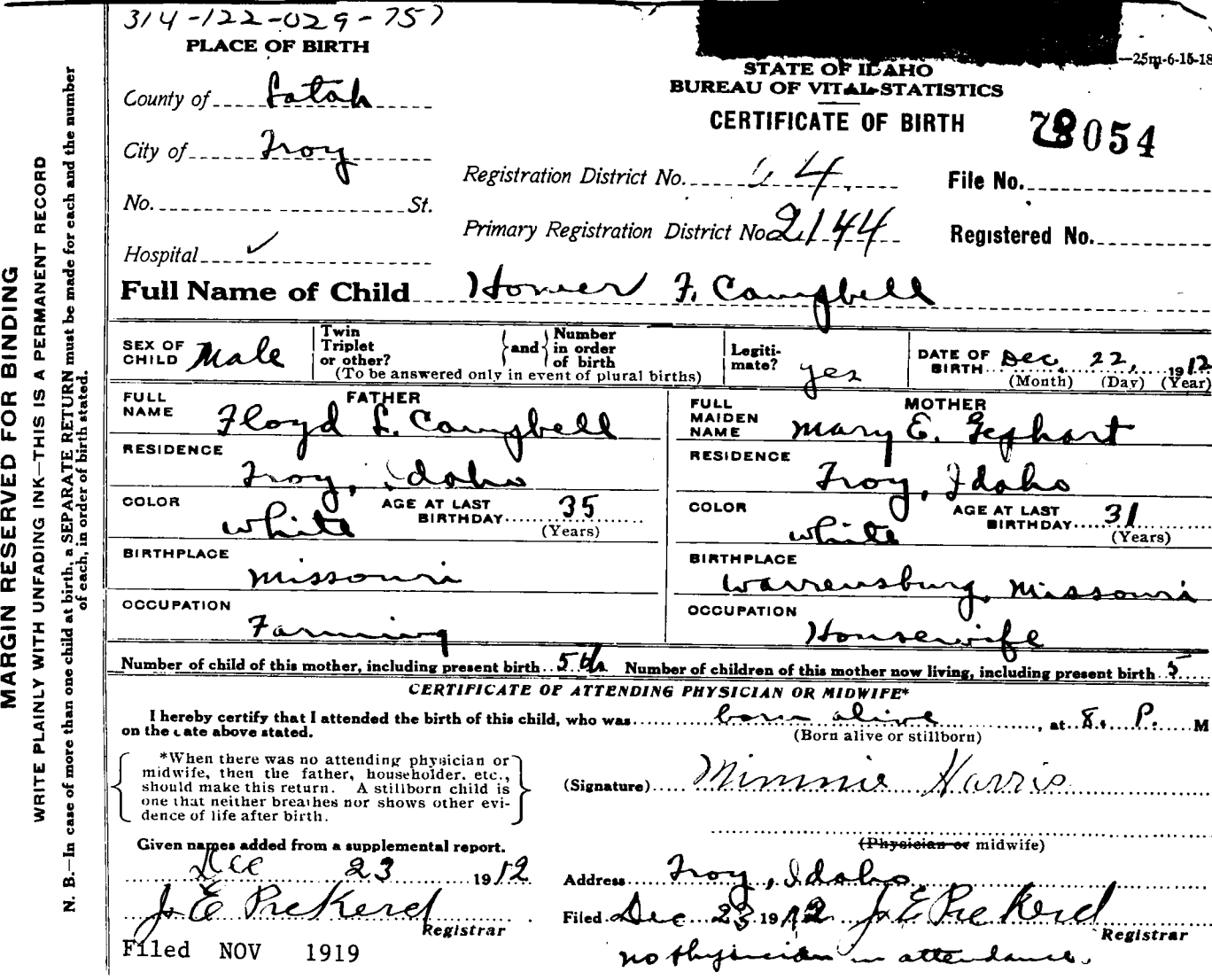
_____ Registrar

Address _____

Filed Nov 1912 L. P. Lyman

Registrar

S-Y-CO. 38071



314-122-029-757

PLACE OF BIRTH

County of Latah

City of Troy

No. _____ St.

Hospital ✓

[redacted]

—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 28054

Registration District No. 44 File No. _____

Primary Registration District No. 2144 Registered No. _____

Full Name of Child Homer F. Campbell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Dec. 22, 1912

FATHER

FULL NAME: Floyd E. Campbell

RESIDENCE: Troy, Idaho

COLOR: white AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Mary E. Seghart

RESIDENCE: Troy, Idaho

COLOR: white AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Warrensburg, Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at 8. P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Minnie Harris

(~~Physician or~~ midwife)

Address Troy, Idaho

Given names added from a supplemental report.

Dec 23 1912

J. E. Prekeret
Registrar

Filed NOV 1919

Filed Dec 23 1912 J. E. Prekeret
Registrar

no physician in attendance.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

9-19-41

PLACE OF BIRTH 314-122-029-757

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

73055

County of Latah

City of Troy

No. _____ St.

Hospital V

Registration District No. 64

Primary Registration District No. 2144

File No. _____

Registered No. _____

Full Name of Child Chester L. Campbell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male		yes	Feb. 22 1912

FATHER

FULL NAME: Floyd L. Campbell

RESIDENCE: Troy, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Missouri

OCCUPATION: farming

MOTHER

FULL MAIDEN NAME: Mary E. Gephart

RESIDENCE: Troy, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Warrensburg, Missouri

OCCUPATION: housewife

Number of child of this mother, including present birth: 4th

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha Campbell

(Physician or midwife)

Address Troy, Idaho

Given names added from a supplemental report.

Feb 29 1912

Registrar

Filed Feb 28 1912 J. E. Packard

Registrar

Filed NOV 1919

no attending physician.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Custer

City of Challis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

73769

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. 121

FULL NAME OF CHILD Della Giampedraglia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 9th 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louie Giampedraglia	FULL MAIDEN NAME	Bordili Virginia
RESIDENCE	Clayton	RESIDENCE	Clayton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Luigi Giampedraglia
Father
(Physician or midwife)

This is as it should be according to information mother gave me.

Address .....

Filed May 5 1915 C. L. Kirtley
Registrar

Mrs. David Lanig child welfare chairman Custer Co.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 1912 D 75-625

Dup 1912 - 25883
1912 - 22043

DUP OF 1914 - 22043

ALL FOUR
DELAYED

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-625

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Della Giampedraglia Lenzinger		2. Date Of Birth (month) September (day) 9 (years) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Custer; b. City or Town of Birth: Clayton
FATHER	6. Full Name of Father: Luigi Giampedraglia		7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Virginia Berdali		9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Della Lenzinger	11. Present Address of Registrant: Challis, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on SEP 10 1973 19	12. Signature of Notary: Brian Burdett	13. Notary Commission expires: 8-9 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #241353	Date Issued: ---	Date Orig. Entry: child born Mar.21,1936
	Date of Birth: Age: 23	Birth Place: Custer County Clayton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Virginia Giampedraglia Germer	Date Issued: Sep.10,1973	Date Orig. Entry: ---
	Date of Birth: Sep.9,1912	Birth Place: Clayton, Idaho	Full Name of Mother: Virginia Giampedraglia Germer	Name of Father: Luigi Giampedraglia	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Petition for Appointment of Guardian		By whom issued and signed: Custer County, Idaho, Marie Sullivan, Clerk of Dist. Court	Date Issued: Sep.13,1973	Date Orig. Entry: Jan.26,1921
	Date of Birth: Age: 8	Birth Place: ----	Full Name of Mother: Virginia B. Germer	Name of Father: Louis Gianpedraglia	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: October 17,1973

FORM BH 56067

found card when filing delayed card. Kept delayed in case we might need ~~mx~~ information from the documents recorded

DUP OF 1812 - 22003

ALL FOUR
DELAYED

OCT 19 1973

PLACE OF BIRTH
199-204-001-419

Form V. S. No. 11—20m-7-[illegible]

DEP[redacted]LFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Pfirman

County of Ada.

City of Boise.

No. ..... St.

Hospital .....

Registration District No. 2 File No. 76429

Primary Registration District No. 1004 Registered No. 181

FULL NAME OF CHILD Rosario Natividad Arrasate

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. 1st. 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Telesforo Arrasate	FULL MAIDEN NAME Maria Marques
RESIDENCE Boise, Idaho.	RESIDENCE Boise, Idaho.
COLOR White AGE AT LAST BIRTHDAY 36 (Years)	COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Lequeitio, Vizcaya, Spain.	BIRTHPLACE Lequeitio, Vizcaya, SPain.
OCCUPATION Laborer	OCCUPATION House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at ..... M. on the date above stated. (Born alive [redacted])

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Telesforo Arrasate

Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address .....

[redacted] 19 20 L R Pfirman
Registrar.

[redacted]

SEP 9 1971

819-114-021-142

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Weston Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

77903

Registration District No. 21 File No. .....

Primary Registration District No. 2519 Registered No. 65

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	yes	Feb 14 1912

FATHER		MOTHER	
FULL NAME	Lenard E Harrington	FULL MAIDEN NAME	Selva Justensen
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	American Fork Utah	BIRTHPLACE	Ephrum Utah
OCCUPATION	Auto-Mechanic	OCCUPATION	House keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Weston Idaho

Filed Apr 2 1920 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

797-104-028-359

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Hospital _____

Registration District No. 45

Primary Registration District No. _____

File No. 78065

Registered No. _____

Full Name of Child Allen Leigh Piper

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	12 4 1912

FATHER

FULL NAME: William Allen Piper

RESIDENCE: Coeur d'Alene

COLOR: White

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Bangor Wales

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Emma Leigh

RESIDENCE: Coeur d'Alene

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Stretford England

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 .... Number of children of this mother now living, including present birth 2 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William Allen Piper

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4/1 1920

Registrar

Dep of 1913 - 74596

BOTH DELAYED

389-201-035-699

Form V. S. No. 11-3—25m-1-1-13

PLACE OF BI[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS
[redacted]FICATE OF BIRTH

County of Nez [redacted]

City of Southwick

Registration District No. 6[redacted] File No. 80090

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Georgina Madolin Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 1 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George I. Christensen	FULL MAIDEN NAME	Madolin Wright
RESIDENCE	Southwick Idaho	RESIDENCE	Southwick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	West Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed May 16 1920 R. F. Pepple Registrar
Juliaetta Ida

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1974

3141 18 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Juniper

No. ..... St.

Hospital .....

Registration District No. 26 File No. 81042

Primary Registration District No. 2069 Registered No. 1

FULL NAME OF CHILD Theodore Raleigh Cambell

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	1	2	Yes	Sep 18 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Raleigh H. Cambell	FULL MAIDEN NAME	Effie Balentyne
RESIDENCE	Juniper Ida	RESIDENCE	Juniper Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Rarette, Utah	BIRTHPLACE	Payson Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maud M. Wilson
Nurse
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Juniper Ida

Filed 4 20 1920 D. C. Ray
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

635224.009-43

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 10 1921
BUREAU OF VITAL STATISTICS

County of Bonner

City of Clark Fork

Registration District No. 80

File No. 1 90299

No. ..... St.

Primary Registration District No. 2157

Registered No. 42

*Hospital .....

FULL NAME OF CHILD X Mary Elizabeth Fleming

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
X Girl	2nd	Yes	X July 24 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME X John Rowrie Fleming	FULL MAIDEN NAME X Clara Shepard Macrery
RESIDENCE Clark Fork, Idaho	RESIDENCE Clark Fork, Idaho
COLOR White AGE AT LAST BIRTHDAY X 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE X Maine	BIRTHPLACE Bessemer Alabama
OCCUPATION X Switchman	OCCUPATION House wife

Number of child of this mother, including present birth X 2 Number of children of this mother now living, including present birth X 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was X ..... at 10 P. M. X on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X Mrs. M. W. Macrery

Grandmother
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Clark Fork, Idaho

Filed 5-28 1921 John Lawrence

Registrar

Registrar

S-Y-CO 38071

MAY 27 1943

JUL 25 1972

213-119-030-595

PLACE OF BIRTH

MAR 20 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Tendoy

No.

Registration District No. 41 File No. 99396

Hospital

Primary Registration District No. 2116 Registered No.

FULL NAME OF CHILD Philip Bacin

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	and		yes	Nov 19 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	George Bacin.	FULL MAIDEN NAME	Maria Vintila
RESIDENCE	Tendoy. Idaho.	RESIDENCE	Tendoy. Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Romania	BIRTHPLACE	Romania.
OCCUPATION	farmer.	OCCUPATION	farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 8 **P. M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer

(Physician or midwife)

Address Salmon

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar 10 1922 Chas. C. Bellamy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-116.002.993

[redacted]E OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Adams
City of Cambridge Washington
Idaho

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. ..... File No. 100718

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Gillmer Peter Scherer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	January 16 1912

What bactericidal solution was used in eyes? Don't know whether Dr. Schmitz used any

Number of child of this mother, including present birth one Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	William Charles Scherer	FULL MAIDEN NAME	Hedwig Martha Gillmer
RESIDENCE	Post Office Cambridge, Idaho	RESIDENCE	Post Office Cambridge, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Milwaukee, Wisconsin	BIRTHPLACE	Milwaukee, Wisconsin
OCCUPATION	Rancher	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Practical Nurse
Mattie E Gray
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Indian Valley

Filed 6/3/22 192 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

Dup of 1912-3367

95-208-010-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 1 - 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Registration District No. ..... File No. 100923

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Arleau Harriet Kingston
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	and		yes	Jan 8 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles William Kingston	FULL MAIDEN NAME	Viola Maserva Glogwell
RESIDENCE	Idaho Falls Idaho Rt 3.	RESIDENCE	Logan Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Morgan Utah	BIRTHPLACE	Ogden Utah
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) Charles W Kingston

No attending physician or midwife
(Physician or midwife)

Address .....

Filed June 2 1922 F. W. Almond M.D. State Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

OCT 1 9 1971

213-218-035-462

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

RECEIVED
JUL 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 103313

County of Ada

City of Boise

No. ____ St.

Registration District No. 96

Primary Registration District No. 10-09

Registered No. ____

Hospital ____

FULL NAME OF CHILD Virginia May Ball

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 14 1922

FATHER

FULL NAME Albert J Ball

RESIDENCE Boise

COLOR White

AGE AT LAST BIRTHDAY 56 (Years)

BIRTHPLACE Iowa

OCCUPATION Auctioneer

MOTHER

FULL MAIDEN NAME Fay E Moses

RESIDENCE Boise

COLOR White

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Kansas

OCCUPATION Home Wife

Number of child of this mother, including present birth Five

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Gust M.D.

(Physician or midwife)

Address ____

Given names added from a supplemental report.

June 6. 1922

F. T. Harris, M.D.
Registrar

Filed July 1922

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1942

County of Ada

JAN 29 1923

BUREAU OF VITAL STATISTICS

Division of Vital Statistics

108365

RECORD OF BIRTH

Township of ..... or Village of ..... or City of Boise Idaho

Reg. District No. ..... No. in Registration Book ~~1188~~

(Above numbers to be filled in only by local registrar or his deputy)

(No. ....., ... St.; ..... Ward) .....

FULL NAME OF CHILD Vera Levern Holechek

If child is not yet named, make supplemental report as directed.

Sex of Child	Twin, triplet, or other?	No. in order of birth	Legitimate?	Date of birth
girl	(To be answered only in event of plural births)		yes	Oct (Month) 23 (Day), 1912 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Holechek	FULL MAIDEN NAME	Bessie Dean Thomson
POST OFFICE ADDRESS	Boise Idaho	POST OFFICE ADDRESS	Boise, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebraska	BIRTHPLACE	Salt Lake City Utaha
OCCUPATION	Stone Cutter	OCCUPATION	Housewife
Number of children born to this mother, including present birth	2	Number of children of this mother now living	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or Stillborn) at 12 30 P.M., on the date above stated.

Was an Ophthalmia Neonotorum Prophylactic used as required by law .....

*When there was no attending physician or midwife, then the father, householder, etc., must make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X Dr. Froom

PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)

Date Oct 24th Address Boise Idaho

Given name added from a supplemental report .....

19.....

(Signature) ~~Don W Hauler~~ ~~Bessie M. Haul~~ ~~Clerk of Courts~~

Filed 12/29 1922 Address ~~[illegible]~~

F. W. Almond, M.D.
State Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for and the number of each, in order of birth, stated.

[redacted]

FEB 5 19[illegible]

AUG 2 8 1975

459-106-009-65-2

PLACE OF BIRTH

RECEIVED 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Bonner. Registration District No. 80. File No. 198508

City of Clark Fork. Primary Registration District No. 2157. Register No. 56

No. St. Hospital

FULL NAME OF CHILD Clyde Francis Meredith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes,	Sept 6 1922

FATHER	MOTHER
FULL NAME Clyde Francis Meredith	FULL MAIDEN NAME Elsie Fae Webb
RESIDENCE Clarkfork, Ida.	RESIDENCE Clarkfork, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Inwood, Ia.	BIRTHPLACE Madison, Kans.
OCCUPATION Mining	OCCUPATION House wife

Number of child of this mother, including present birth four. Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) Mrs. Kate Meade
midwife
(Physician or midwife)

Address Clarkfork, Ida.

Filed Jan 27 1923 John Larson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 8 1971

APR 6 195

200 [redacted]

Form No. 966-5M. 8-19

MAIL OR DELIVER THIS CERTIFICATE TO DEPARTMENT OF HE[redacted]TATION, SPOKANE, WASH.

PLACE OF BIRTH

Idaho [redacted] State Board of Health

118559

County } SPOKANE
City }

419-212-028-665

Registration District No. 2

BUREAU OF VITAL STATISTICS

Registered No.

CERTIFICATE OF BIRTH

(Give name of hospital here if born in hospital.) (No. ....., ... St.,

FULL NAME OF CHILD Maria Marler

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate	Date of Birth
Female				40	Feb (Month) 12 (Day), 1910 (Year)

FATHER	MOTHER
Full Name: Fred E. Marler	Full Maiden Name: Clarice Jane Vronquet X
Residence: Harrison Ida	Residence: Harrison Ida
Color: White — Age at last Birthday 25 (Years)	Color: White — Age at last Birthday 22 (Years)
Birthplace (State or Country): Germany	Birthplace (State or Country): France
Occupation: Butcher	Occupation: Housecoffee

Number of child of this mother 1st

Number of children, this mother, now living 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { born alive / ~~stillborn~~ } † and that it occurred on Feb 12, 1911, at 11 [redacted]

Signature E. L. Regler

(Physician or ~~Midwife~~)

Address [redacted] Harrison Ida

Filed [redacted] 28, 1924

[redacted] Almond M. D.

State Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

NOTE: Please write all names distinctly, with their correct spelling.

V. S.—No. 8.

HOLD
BIRTH PLACE

TRON QUET

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
262-208 031-366
County of
City of Winchester
No. St.
Hospital Winchester

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

119199

Registration District No. State File No. 119199
Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Jennie May Kobel
(Certificate of no value without full name of child)

Sex of Child female | Twin Triplet or other? | and | Number in order of birth 7 (To be answered only in event of plural births) | Legitimate? yes | Date of birth Apr. 8 (Month) (Day) 1912 (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	John Adam Kobel	FULL MAIDEN NAME	Susie M Lowe
RESIDENCE	Cottonwood Ida	RESIDENCE	Cottonwood Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Washington
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Rogers
By Susie Kobel
(Physician or midwife)

Address

, 192

Registrar.

Filed apr 1926 Fw Almond, MD
Registrar.

693-218 028-234

PLACE OF BIRTH

County of Kootenai

City of Belmont

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

119204

Registration District No. ..... State File No. 119204

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Theresa Elizabeth Fitzgerald
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Gial		yes	June 15, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William E. Fitzgerald	FULL MAIDEN NAME	Felicia V. Stutz
RESIDENCE	Belmont	RESIDENCE	Belmont
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	St. Paul, Minn.	BIRTHPLACE	Waynes Co. Ohio.
OCCUPATION	Woodsman.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Mrs. Felicia Fitzgerald

Mrs. J. S. Gault
(~~Physician or~~ midwife)

Address Athol R.1. Idaho.

Filed FEB 1924

H. W. Almond
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

PLACE OF BIRTH [redacted]

County of Fremont

City of Sugar

No. 125-112 022 634 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

119209

CERTIFICATE OF BIRTH

Registration District No. 100 State File No. 119209

Primary Registration District No. 2178 Local Registrar's No. 693

FULL NAME OF CHILD Shiuichi, Abe

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			X	yes	6/12 1912 ~~192~~

(To be answered only in event of plural births)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Shiuji Abe	FULL MAIDEN NAME	Fuku Otuki
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X Mrs. K. Asano.

(Physician or midwife)

Give names added from a supplemental report.

....., 192...

Registrar.

Address

Filed 3/1 1924

J Rayonna
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must each and the number of each, in order of birth stated.

DELAYED

956-115 006 869

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

121629

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St. Registration District No. 121 State File No. 121629

Hospital ..... Primary Registration District No. 2194 Local Registrar's No. 140

FULL NAME OF CHILD ISAMU INOUYE
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 15, 1912

What bactericidal solution was used in eyes? No.

Number of child of this mother, including present birth Fifth Number of child of this mother now living, including present birth Four

FATHER		MOTHER	
FULL NAME	KOJIRO INOUYE	FULL MAIDEN NAME	MASU HOZUKI
RESIDENCE	Shelley, Idaho	RESIDENCE	Shelley, Idaho.
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Itoshima Gun, Fukuoka Ken, Japan	BIRTHPLACE	Tatsugoyama, Fukushima Ken, Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive [redacted]} at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Kojiro Inouye

Father
(Physician or midwife)

Give names added from a supplemental report.
1st copy issued, 12-15-41, 192

Registrar.

Address P.O. Box 220, Shelley, Idaho

Filed June 4 1924 Mrs Walter E. [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-15-91

243-114-019-689

PLACE OF BIRTH

ST[redacted]HO
DEPARTMEN[redacted] WELFARE
BUREAU OF VITAL STATISTICS

125547

RECEIVED
NOV 8 1924
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Leslie

No. ..... St. Registration District No. ..... State File No. 125547

Hospital Home Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD William Meldurn Butler
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	10 14 1912

What bactericidal solution was used in eyes? Ardoil

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Robert Matthew Butler	FULL MAIDEN NAME	Myrtel May ~~Butler~~ White
RESIDENCE	Leslie	RESIDENCE	Leslie
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Flintcreek Mont.	BIRTHPLACE	Dewey Flat Mont.
OCCUPATION	Macanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Mary J. Hancock

(~~Physician~~ or midwife) X

Address Leslie

..... , 192...

Registrar.

Filed Nov. 8 1924 F. W. Almond M.D. State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 10 1942

231-120-042-819

PLACE OF BIRTH

RECEIVED OCT 1 1924 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St. Registration District No. 36 State File No. 126367

Hospital home Primary Registration District No. ..... Local Registrar's No. 87

FULL NAME OF CHILD Warren Theodore Staley
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Oct. 20, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Warren Staley	FULL MAIDEN NAME	Mabel Harrymen
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 10:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) Mrs Pete Cheney

neither
(Physician or midwife)

Address Kimberly, Idaho

Filed Oct 25 1924 J. M. Davis Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1942

APR 17 1972

314-209-003-499

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 721 N. 6th ave.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

127256

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 127256

Hospital home / Primary Registration District No. ..... / Local Registrar's No. .....

FULL NAME OF CHILD Ida Carolina Cristina Campanella

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month)	(Day)	(Year)
female				yes	May	9	1924

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth One — Number of child of this mother now living, including present birth Seven

FATHER	MOTHER
FULL NAME Carmine Campanella	FULL MAIDEN NAME Emilia Di Julii's
RESIDENCE 721 N. 6th ave. Pocatello Idaho	RESIDENCE 721 N. 6th ave. Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Boiano Italy	BIRTHPLACE Carapelli Calvisio Italy
OCCUPATION Labor	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Emilia Di Julii's Campanell MOTHER

..... (Physician or midwife)

Address .....

Filed DEC 20 1924 192.... J. W. Alvord M.D. State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-204-042-367

PLACE OF BIRTH

County of Twin Falls

City of Hansen

No. ..... St.

Hospital Home

STATE OF [redacted]
DEPARTMENT OF H[redacted]
BUREAU OF VITA[redacted]

130272

CERTIFICATE OF BIRTH

Registration District No. 36 Idaho State File No. 130272

Primary Registration District No. 2084 Local Registrar's No. .....

FULL NAME OF CHILD Helen Elizbeth Callen
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
femeal			Yes	Feb. 4th 192[illegible]

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth one Number of child of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME Luster C. Callen	FULL MAIDEN NAME Eva Helen Cox
RESIDENCE Hansen Idaho	RESIDENCE ~~Hansen Idaho~~
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Viola Mo.	BIRTHPLACE Berrill Ark.
OCCUPATION farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

Luster C Callen
(Signature) Father

Attending physician now Ceased
(Physician or midwife)

Address .....

Filed April 28 1925 Fuelmund MD
State Registrar.

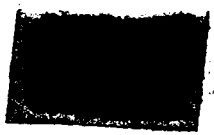
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 6 1958

819-124-010-362

PLACE OF BIRTH

RECEIVED MAY 1925

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

130276

County of Bonneville

City of Idaho Falls

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

130276

No. ..... St.

Registration District No. 23 State File No.

Hospital

Primary Registration District No. 23-0 Local Registrar's No.

FULL NAME OF CHILD Ryo Harada

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	4-24-1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	O Harada	FULL MAIDEN NAME	Sody Tokuboara
RESIDENCE	Iona Idaho	RESIDENCE	Japan
COLOR	Japanese	AGE AT LAST BIRTHDAY (Years)	37 ~~48~~ / 27 ~~38~~
BIRTHPLACE	Yamaguchi Ken	COLOR	Japanese
OCCUPATION	Farmer	BIRTHPLACE	Japan
		OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 3/2/42

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at Iona M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) Orino Suke Harada
Father

~~(Physician or midwife)~~

Address .....

Filed 5-3 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1942

AUG 2 1950

BOTH DELAYED

DUP OF 1912-231266

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Picabo

No 312-111007433 St.

RECEIVED
JUL 6 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 132310

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Cernold Orzell Castle
(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? } and { Number in order of birth 1 | (To be answered only in event of plural births) | Legitimate? yes | Date of birth Oct (Month) 11 (Day) 1912 (Year)

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Samuel Davy Castle	FULL MAIDEN NAME	Lena Edna McCoy
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Belvue Idaho	BIRTHPLACE	Ketchum Idaho
OCCUPATION	Farmer	OCCUPATION	Home Maker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 8 35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) Sarah E. McCoy
Attendant
(Physician or midwife)

Address Ketchum Idaho

Filed JUL 9 1925 192.... J. W. Almond M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECE[illegible]
SEP 14 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 134251

County of Ada
City of Boise
No. 276 20 7th St. Registration District No. 2 State File No. 134251
Hospital St Alphonsus Primary Registration District No. 1004 Local Registrar's No.
FULL NAME OF CHILD Helen Goodall Spofford.
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	January 7th 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lyman Spofford	Blanche Biron
RESIDENCE	Ruby Creek	Ruby Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	32
BIRTHPLACE	~~Utah~~ Vt.	Wisconsin
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) Mrs Blanche Spofford.
Mother
Dr. Wm H. Turkey, attending Physician now deceased
(Physician or midwife)
Address Asotin, Washington
Filed Sept. 14 1925

.....
Registrar.

[redacted]

OCT 16 1975
SEP 22 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

145 226 025 493

PLACE OF BIRTH

RECEIVED JAN 1926 BUREAU OF VITAL STATISTICS

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

137918

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No.

File No. 137918

No. , St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Agnes Louise Amen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	7 26 1912

FATHER		MOTHER	
FULL NAME	Guss David Amen	FULL MAIDEN NAME	Eliza J Miller
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Buckin Mo	BIRTHPLACE	Emmett Idaho
OCCUPATION	Ice man	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or Midwife)

Address Emmett Idaho

Given names added from a supplemental report

, 19

Registrar

Filed Jan 30 1926. David Burrell State Registrar

S-Y CO., 16670

OCT 7 1963

DELAYED

135-2131022-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 3 - 1926

140938

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St. Registration District No. ..... State File No. 140938

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Fola Fearne Acers
(Certificate of no value without full name of child)

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Nov 13 1912 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2nd

FATHER		MOTHER	
FULL NAME	Romaine S Acers	FULL MAIDEN NAME	Retta Fearne Taylor
RESIDENCE	Ashton Idaho	RESIDENCE	Ashton Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Concord Nebr	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) E. L. Hargis

(Physician or midwife)

Address Ashton Idaho

Filed 6-3 1926 Dood Burrell State Registrar.

....., 192...

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made each and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 819-201001 419

County of Ada

City of Boise

No. Main & Michigan St.

Hospital

RECEIVED NOV 26 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

146879

Registration District No. 2 State File No.

Primary Registration District No. 1004 Local Registrar's No. Filed

FULL NAME OF CHILD Not named

(Certificate of no value without full name of child)

Sex of Child F. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? No | Date of birth 1 - 1 - 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Robt Hartan	FULL MAIDEN NAME	Lyda Mars
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Colo.	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) M. Callaway Japlin

Physician

(Physician or midwife)

Address Boise, Idaho

Filed 11-4 1926 R. H. Pratt

Registrar.

DELAYED

DUP OF 1912-3647

492-130 040 849

RECEIVED DEC 3 - 1926

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 147494

No. ____ St.

Primary Registration District No. 2201

Registered No. 306

Hospital

FULL NAME OF CHILD John Rodgers McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	1	Yes	Oct 30 1926

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Howard Robertson McBride	Helen Turner
RESIDENCE	Kellogg, Idaho	Kellogg, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	31
BIRTHPLACE	Utah	Wisconsin
OCCUPATION	Office man	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

(Signature) Geo H Kennett, MD

(Physician or midwife)

Address Kellogg, Idaho

Filed Nov. 30 1926 Mrs. Helen McBride
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/8/41 L. P.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-130 040849

PLACE OF BIRTH RECEIVED

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123

Primary Registration District No. 2201

File No. 148250

Registered No. 307

FULL NAME OF CHILD Thomas Cedric McBride

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Yes	2	Yes	Oct 30 1926

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Howard Robertson McBride	Helen Skinner
RESIDENCE	Kellogg, Idaho	Kellogg, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	31
BIRTHPLACE	Utah	Wisconsin
OCCUPATION	Office man	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 M. on the date above stated.

(Signature) Geo H Kennell, MD

(Physician or midwife)

Address Kellogg, Idaho

Filed Nov. 30 1926 Mrs. Helen McBride
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

4/8/41 L B

499-111 001-425

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

151381

Registration District No. ..... State File No. 15138

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Jacinta ~~Jacinto~~ Urresti

(Certificate of no value without full name of child)

Sex of Child: male

Twin, Triplet or other? ..... and Number in order of birth: 1

(To be answered only in event of plural births)

Legitimate? yes

Date of birth: Sept. 11th 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 1

Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Hilario Urresti	FULL MAIDEN NAME: Petra Uberuaga
RESIDENCE: ~~White~~ Boise Stone Quarry	RESIDENCE: ~~white~~ Boise Stone quarry
COLOR: ~~white~~	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Beriatua .Spain	BIRTHPLACE: Lequeitio .Spain.
OCCUPATION: ~~stonemason~~	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 9 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) born without aid of Dr. Mrs. Hilario Urresti

(Physician or midwife) Mother

Address Boise Stone Quarry

Filed May 192 7

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1973

AUG 5 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

B

PLACE OF BIRTH

RECEIVED JUN 4 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

168 215 001 115
(If born in hospital or institution give name.)

Registration District No. 2 State File No. 151467

Prim. Registration District No. 107 Local Registrar's No. filed

FULL NAME OF CHILD Kitty Mae Johnson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F				10	15	1927

What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argyrol

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ——— Stillborn ———

FATHER		MOTHER	
FULL NAME	Orlando B Johnson	FULL MAIDEN NAME	Kittie Janssen
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If nonresident, give place and State		If nonresident, give place and State	
Color or race	W	Color or race	W
Age at last Birthday	30 (Years)	Age at last Birthday	29 (Years)
Birthplace	Utah (City and State or Country)	Birthplace	Ill (City and State or Country)
Occupation	Laborer	Occupation	Hse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ——— M. on the date above stated.

(Signature) M. Callaway Japlin
Physician
(Physician or midwife)

Address Boise Idaho

Filed 5-10-1927 Paula M. Howard
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

cc 3/4/41 rmf

DELAYED

DUP OF 1513 - 9144

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

652-103-001-693
(If born in hospital or institution give name.)

RECEIVED JUN 1 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

B

Registration District No. 2 State File No. 151469

Prim. Registration District No. 1004 Local Registrar's No. filed

FULL NAME OF CHILD Winfred Leroy West
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	5 – 3 – 19 12

What prophylactic was used to prevent Ophthalmia Neonatorum? 20 % Argyrol

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Roy West	FULL MAIDEN NAME	Eliz Wilcox
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If nonresident, give place and State		If nonresident, give place and State	
Color or race	W	Color or race	W
Age at last Birthday (Years)	23	Age at last Birthday (Years)	22
Birthplace (City and State or Country)	Calif	Birthplace (City and State or Country)	Ore
Occupation	Laborer	Occupation	Hse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} **at** ..... **M. on the date above stated.**

(Signature) M Calloway Japlin

M Calloway Japlin
(Physician or midwife)

Address Boise Idaho

Filed 5-10-1927 Paula M. Donald
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

814-218-00

PLACE OF B[redacted]G 5 [redacted]

County of Bing[redacted]

City of Black[redacted]

No. No num[redacted]

STATE OF IDAHO
[redacted]ARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 153309

[redacted]gistration District No. ..... State File No. 153309

(If born in hospital or [redacted] give name.)

[redacted]im. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ethel Mary Hammond
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
female		yes	Nov. (Month) 18 (Day) 1912 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 3 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Daniel Arnold Hammond	FULL MAIDEN NAME Katherine Russell
Residence (Usual place of abode) Govenlock	Residence (Usual place of abode) Govenlock
If nonresident, give place and State Saskatchewan Canada	If nonresident, give place and State Sask. Canada
Color or race White Age at last Birthday 38 (Years)	Color or race White Age at last Birthday 37 (Years)
Birthplace Providence Utah (City and State or Country)	Birthplace Perth, Ontario, Canada (City and State or Country)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) .....

Marie Northdruff
(Physician or midwife)

Address Blackfoot, Idaho

Filed Aug 5 1927 David Burrell
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-126-022-39[illegible]

RECEIVED OCT 1 - 1927

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 154919

Registration District No. ..... State File No. 154919

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Robert Gust Buermann
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	November 26 1927

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME Herman Buermann	FULL MAIDEN NAME Carrie Lindstrom
Residence (Usual place of abode) Lewisville	Residence (Usual place of abode) Lewisville
If nonresident, give place and State	If nonresident, give place and State .....
Color or race white Age at last Birthday 27 (Years)	Color or race white Age at last Birthday 23 (Years)
Birthplace Illinois (City and State or Country)	Birthplace Sweden (City and State or Country)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 10:30 P M. on the date above stated.

(Signature) Herman Buermann

(Physician or midwife)

Address Klamath Falls Oregon

Filed Oct 1 1927 David Burnell State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

986-204009-365

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. — Lake St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

158324

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 158324

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Louise Rhodes

(Certificate of no value without full name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Sept. 4th 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth Second Number of child of this mother now living, including present birth Second

FATHER		MOTHER	
FULL NAME	George A. Rhodes	FULL MAIDEN NAME	Nellie Conley
RESIDENCE	Lake St.	RESIDENCE	Lake St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Chicago, Ills	BIRTHPLACE	Indianapolis, Ind.
OCCUPATION	Printing Pressman	OCCUPATION	Home — wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... **Registrar.**

(Signature) Geo. A. Rhodes

..... (Physician or midwife)

Address St. Louis, Missouri

Filed Feb. 3 1928 David Burrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 31 1964

FEB 24 1972

652-183-028-763

PLACE OF BIRTH

RECEIVED APR 16 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____ St. Registration District No. 30 State File No. 161116

~~Hospital~~ on farm Primary Registration District No. 105 1 Local Registrar's No. 61 G.

FULL NAME OF CHILD William Edgar Eaton Webb
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	single		yes	Jan. 3rd 1912 ~~192~~

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 5th Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Edgar Andrew Webb	FULL MAIDEN NAME	Minnie Ada Golland
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Crawford Co Kansas	BIRTHPLACE	Ishpeming Michigan
OCCUPATION	Farmer	OCCUPATION	House keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Matilda Conrad Golland
Mother of Minnie Golland Webb
acting Midwife (~~Physician or midwife~~)
Address Rardan Wash

Filed, 4/13 1928 W D Freeman Registrar.

Lulu Golland Landuth Rardan Wash

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-129-004-394

PLACE OF BIRTH

RECEIVED AUG 13 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St. Registration District No. ..... State File No. 166202

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD HAROLD WILLIAM HUNT

(Certificate of no value without full name of child)

Sex of Child MALE | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of birth November 29th 1912 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ralph Holley Hunt	FULL MAIDEN NAME	Carrie Ellen Timblin
RESIDENCE	Sandpoint, Idaho	RESIDENCE	Sandpoint, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Barron Co. Wisconsin	BIRTHPLACE	Barron Co., Wisconsin
OCCUPATION		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1000 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) Dr Charles P. Stackhouse
By R H Hunt
(Physician or midwife)

Address Sandpoint Idaho

Filed Aug 13 1928 David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Chester D FEB 12 1929

City of Clayton

No. ..... St.

364-224-019-754

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 108 State File No. 168051

Prim. Registration District No. 2186 Local Registrar's No. 171

FULL NAME OF CHILD Eva Cominetti

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Feb. 24 1912 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Water Fogs Drug store don't know the name

Number of child of this mother, including present birth 2 (a) Born alive and now living

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Antonio Cominetti	FULL MAIDEN NAME Giovanna Pedrini
Residence (Usual place of abode) Clayton, Ida	Residence (Usual place of abode) Clayton, Ida
If nonresident, give place and State	If nonresident, give place and State
Color or race Italian Age at last Birthday 55 (Years)	Color or race Italian Age at last Birthday 34 (Years)
Birthplace Villa Di Chiavenna Italy (City and State or Country)	Birthplace Villa Di Chiavenna Italy (City and State or Country)
Occupation Rancher	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3 a. M. on the date above stated.

(Signature) Mrs Joe Pedrini

(Physician or midwife)

Address Clayton

Filed Jan 11 1939 Edna McKenna
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

DUP OF 12-4973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED MAR 26 1929

PLACE OF BIRTH

County of Bannock

City of Neeley

No. ..... St.

866-123-003-845

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 169134

Registration District No. 25 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD HERBERT ANSON HOWARD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 23 1912

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Herbert Anson Howard	FULL MAIDEN NAME Linda Jeannette Huntington
Residence (Usual place of abode) Neeley, Idaho	Residence (Usual place of abode) Neeley, Idaho
If nonresident, give place and State	If nonresident, give place and State .....
Color or race White Age at last Birthday 31 (Years)	Color or race White Age at last Birthday 26 (Years)
Birthplace Lynn, Massachusetts (City and State or Country)	Birthplace Cooperstown, N.Y. (City and State or Country)
Occupation Electrician, (Homesteader)	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 3 P M. on the date above stated.

(Signature) V. P. Logan

Physician

(Physician or Midwife)

Address American Falls Idaho

File MAR 26 1929 19.... C. K. Macey State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

667-11-7040-35

(If born in hospital or institution give name.)

RECEIVED AUG 30 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 173521

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD James Gerald Fogle

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Male | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? yes | Date of birth: Feb (Month) 17 (Day) 1912 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME: Louis James Fogle	FULL MAIDEN NAME: Hanna Laura Lancaster
Residence (Usual place of abode): Mullan Ida.	Residence (Usual place of abode): Mullan Ida.
If non-resident, give place and State:	If non-resident, give place and State:
Color or race: White Age at last Birthday: 33 (Years)	Color or race: White Age at last Birthday: 27 (Years)
Birthplace: Jewel, Co. Kansas (City and State or County)	Birthplace: Como Quebec (City and State or County)
Occupation: Mining Engineer	Occupation: House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mrs L. J. Fogle.
Mother.
(Physician or midwife)

Address New Denver, B.C.

Filed Aug 29 29 C. H. Macy
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

415-127-013 344

RECEIVED OCT 1 1929

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Fairfield

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 174437

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Robert Tustin Daniells

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male					Sept 27th 1912

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Joseph Edward Daniells	FULL MAIDEN NAME	Mary Woman Cameron
Residence (Usual place of abode)	Fairfield Idaho	Residence (Usual place of abode)	Fairfield Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	38	Age at last Birthday (Years)	36
Birthplace (City and State of County)	Beloit Kansas	Birthplace (City and State or County)	Bozeman Montana
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } **at** ..... **M. on the date above stated.**

(Signature) Mrs Mary Daniells

Fairfield Idaho
(Physician or midwife)

Address .....

Filed Oct 1 1929 C K Macey State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

FEB 21 1961

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

174137

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

County of .....

City of .....

No. ..... St. .....

Or born in hospital or institution give name.

FULL NAME OF CHILD .....

(If stillborn, substitute the word "stillbirth" for name of child)

Sex of Child ..... Twin Triplet or other ..... and Number in order of birth ..... Legitimate? ..... Date of birth ..... 19.. (Month) (Day) (Year)

(To be answered only in case of the child's birth)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	CHILD	MOTHER
NAME	NAME	
Residence (Usual place of abode)	Residence (Usual place of abode)	
If non-resident, give place and state	If non-resident, give place and State	
Color or race ..... Age at last Birthday ..... (Years)	Color or race ..... Age at last Birthday ..... (Years)	
Birthplace ..... (City and State or County)	Birthplace ..... (City and State or County)	
Occupation	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

(Signature) .....

(Physician or midwife)

Address .....

Filed ..... 19..

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

815-106-033-956

RECEIVED OCT 5 1929

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

174443

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Tomes Hanami

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth April 6 1912 (Month) (Day) (Year)
M			

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4th (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Shinichi Hanami	FULL MAIDEN NAME Chii Inomata
Residence (Usual place of abode)	Residence (Usual place of abode) .....
If non-resident, give place and State Yamagun Japan	If non-resident, give place and State Yamagun Japan
Color or race ..... Age at last Birthday ..... (Years)	Color or race ..... Age at last Birthday ..... (Years)
Birthplace Yamagun Japan (City and State or County)	Birthplace Rexburg Idaho (City and State or County)
Occupation Farming	Occupation Farming

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Dr Espe moved away

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at witnesses M. on the date above stated.

(Signature) Mrs. Asa Hanami was present at Birth also Hilen Ryujin

(Physician or midwife)

Mrs Sarah A Barnes

Address Probation Officer Madison Co

James Blake City Clerk Idaho

Filed Oct 1929 Bessie N Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of ..... MAR 28 1955

CH

No. ..... St.

Registration District No. ..... State File No. .....

(If born in hospital or institution) Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
	(To be answered only in event of plural birth)						

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... Born alive and now living .....

Born alive but now dead ..... Stillborn .....

	FATHER	CHILD	MOTHER
NAME			
Residence (Usual place of abode)			
Person-resident, give place and State			
Color or race	Age at last Birthday (Years)		Age at last Birthday (Years)
Birthplace	(City and State or County)		(City and State or County)
Occupation			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

(Signature) .....

(Physician or midwife)

Address .....

Filed ..... 19 .....

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

666-130-010-218

PLACE OF RECEIVED AUG 24 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. 73 State File No. 175219

Prim. Registration District No. 2150 Local Registrar's No. 282

FULL NAME OF CHILD Robert Edward Woodhams
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct. 30 1912 19

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Edward J. Woodhams	FULL MAIDEN NAME Clo May Kahler
Residence (Usual place of abode) Idaho Falls, Ida	Residence (Usual place of abode) Idaho Falls, Ida.
If nonresident, give place and State	If nonresident, give place and State .....
Color or race White Age at last Birthday 37 (Years)	Color or race White Age at last Birthday 35 (Years)
Birthplace Michigan (City and State or Country)	Birthplace Ohio (City and State or Country)
Occupation Electrical Engineer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed Aug 29 1929 [signature]
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1943

238-103-003-785

RECEIVED NOV 27 1929

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 910 So Main St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 175974

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Jewett Farnum Schetter
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Boy		Yes	Nov. (Month) 3 (Day) 1912 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4th (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Harry Fitzwilliam Schetter	FULL MAIDEN NAME Anna Marie Phelps
Residence (Usual place of abode)	Residence (Usual place of abode) ~~910 So Main St~~
If non-resident, give place and State Yuma Arizona	If non-resident, give place and State Yuma, Ariz.
Color or race White Age at last Birthday 29 (Years)	Color or race White Age at last Birthday 28 (Years)
Birthplace Sonoma Calif Sonoma Co. (City and State or County)	Birthplace Pocatello, Ida, Bannock (City and State or County)
Occupation R.R. Fuckman	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Anna Bird
Midwife
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 413 So. 4th Ave.

Filed Nov. 27 1929 Clk Macey

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

Dept 1972.10.23

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED DEC 23 1929

County of Canyon

City of Caldwell

No. 417-215-04-799 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 17 176679

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Anna Louise Mapes

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	July 15 1912

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Edward N. Mapes	FULL MAIDEN NAME	Helen Griffith
Residence (Usual place of abode)	near Caldwell	Residence (Usual place of abode)	near Caldwell
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last Birthday (Years)	27	Age at last Birthday (Years)	21
Birthplace (City and State or County)	Hamilton, Missouri	Birthplace (City and State or County)	Carthage, Missouri
Occupation	Farmer	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) .....

.....
(Physician or midwife)

Address .....

Filed ..... 1929 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

437-211.001-113

PLACE OF BIRTH

AMENDED - AUGUST 31, 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1709 N. 7th St. | Registration District No. | File No. 176681

Hospital At Home | Primary Registration District No. | Registered No.

FULL NAME OF CHILD Marietta Marjorie McPherson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl					Nov. 11, 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth: two
Number of children of this mother now living, including present birth: two

FATHER	MOTHER
FULL NAME: John Uzzell McPherson	FULL MAIDEN NAME: Victoria Etta Jackson
RESIDENCE: Bell Flower, California	RESIDENCE: Boise, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 44 (Years)
BIRTHPLACE: Kansas City, Mo.	BIRTHPLACE: Boise, Idaho
OCCUPATION: Securities	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:00 a.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Uzzell McPherson

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 1920

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 176681

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or Death)
for..... (Name on Original Certificate) who..... (Was Born or Died) on..... (Date of Event)
in..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	Nov. 11, 1911	Nov. 11, 1912
Name of Child	Marietta	Marietta Marjorie

Subscribed and sworn to before me this 21st day of August, 1948.

Notary Public, residing at Boise
My commission expires.....
(Seal)

Signed Mrs. A. E. Weaver.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1419 N. 16th St. Boise, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

AUG 31 1948

PLACE OF BIRTH DEC 24 1929

County of Ada

City of Boise

No 1709 N 7th St.

St. Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 176681

Registration District No. ..... State File No. 176681

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Martietta McPherson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl					Nov. 11 1911

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth Two (a) Born alive and now living → Two

Born alive but now dead None Stillborn None

FATHER		MOTHER	
FULL NAME	John Wygall McPherson	FULL MAIDEN NAME	Victoria E Hasjackson
Residence (Usual place of abode)	Bell Flower Calif.	Residence (Usual place of abode)	Boise Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Age at last Birthday (Years)	42
Birthplace (City and State or County)	Kansas City Mo	Color or race	White
Occupation	Secretary	Age at last Birthday (Years)	Age
		Birthplace (City and State or County)	Boise Idaho
		Occupation	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 6 oc A M. on the date above stated.

(Signature) John Wygall McPherson

(Physician or midwife)

Address .....

Filed ..... 19..... .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JAN 27 1930

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR, NOT TO THE STATE BOARD OF HEALTH.

PLACE OF BIRTH

419 212 040 291

County of Shoshone

City or Town of Wallace

IDAHO ~~Washington~~ State Board of Health

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Record No. 177800

Registered No.

Registration Dist. No.

Place of Birth Wallace, Idaho

FULL NAME OF CHILD Helen Kratzer Marlowe

{ If child is not yet named make supplemental report, as directed.

Sex of Child	Twin Triplet or other?	and	Number in order of birth?	Legitimate?	Date of Birth (Month) (Day) (Year)
[illegible]				yes	January 12th, 1930

FATHER		MOTHER	
Full Name	George Elbert Marlowe	Full Maiden Name	Nellie Kratzer
Residence	Wallace, Idaho	Residence	Wallace, Idaho
Color	White	Color	White
Age at last Birthday (Years)	30	Age at last Birthday (Years)	30
Birthplace (State or Country)	Norborne, Missouri	Birthplace (State or Country)	Curwensville, Penn.
Occupation	Lawyer	Occupation	Housewife

Number of child of this mother 3rd

Number of children, this mother, now living two

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~.*

I hereby certify that I attended the birth of this child, who was { born alive / stillborn } † and that it occurred on January 12th, [illegible], at 7 pm M.

(Signature) [illegible] R. Mowry

(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

[illegible]dress [illegible]kane, Wn

Registrar.

Filed Jan 27, 1930 [illegible] Lepper

State Registrar.

† Indicate which by drawing line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

S. F. No. 817—1921. Approved as to Form by Dept. of Efficiency. 5147.

MAR 19 1943 MAR 22 1943

AUG 4 1947

August 8, 1929.

AUG 23 1947

STATE OF WASHINGTON)
) SS
COUNTY OF SPOKANE)

TO WHOM IT MAY CONCERN:

This is to certify that I was a licensed practitioner of medicine and surgery, practicing in Wallace, Idaho during the year of 1912, at time of birth of Helen Kratzer Marlowe, and I attended Mrs. George Marlowe, her mother, at the time this child was born.

No birth certificate ~~of birth~~ was filed at that time.

Respectfully submitted,

Chas. R. Moore.

Subscribed and sworn to before me this 8th. day of August, 1929.

Notary Public in and for the State of Washington, residing at Spokane, Wash.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

County of Madison

City of Rexburg

No. 2½ miles So. Paty St.

4-28-17 (3:15 P.M.)

(If born in hospital or institution give name.)

FULL NAME OF CHILD Kiyoshi Miyasaki

(If stillborn, substitute the word "Stillbirth" for name of child)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 179205

Prim. Registration District No. ..... Local Registrar's No. .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 11 1912

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	K. Miyasaki	FULL MAIDEN NAME	Mitsu Watanabi
Residence (Usual place of abode)	Rexburg	Residence (Usual place of abode)	Rexburg
If non-resident, give place and State		If non-resident, give place and State	
Color or race	Japanese	Color or race	Japanese
Age at last Birthday	29 (Years)	Age at last Birthday	23 (Years)
Birthplace (City and State or County)	Japan	Birthplace (City and State or County)	Japan
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 1/2/41

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} **at** ..... **M. on the date above stated.**

No Attending Physician

(Signature) Witnesses—Mary Nelson-Midwife
Peter J Richs-Bishop 3rd Ward

T. Nikota & T. Hirata (Physician or midwife)

Address James Beoke-City Clerk. Rexburg Idaho

Filed March 24 1930 Bessie N Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

NOV 17 195

DELAYED

DUP OF 1912-6911

RECEIVED MAR 26 1930

RECEIVED BOISE IDAHO

MAR 24 1930

S. VETERANS BUREAU

PLACE OF BIRTH

County of Shoshone

City of Carey

No. ..... St.

291-217040-291

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

179209

Registration District No. ..... State File No. 179209

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Louise Luella Bragh
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 17th 1912

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living Living

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Charles D. Bragh	FULL MAIDEN NAME	Delphia Rosie Bragh
Residence (Usual place of abode)	Carey, Idaho	Residence (Usual place of abode)	Carey, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	44	Age at last Birthday (Years)	46
Birthplace (City and State or County)	Marion, Kansas	Birthplace (City and State or County)	Longview, Illinois
Occupation	Laborer	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

(Signature) Mrs L. B. Howard
Midwife
(Physician or midwife)

Address Carey Idaho

Filed March 26 1930 Bessie N Lepper
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-123-644-294

187677

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 187677

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Midvale

No. Star Route St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Charles Woodrow Kulick

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 23, 1912

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	John Michael Kulick	FULL MAIDEN NAME	Minnie Minerva Simmons
Residence (Usual place of abode)	Farm, (Homestead)	Residence (Usual place of abode)	Same as father's
If non-resident, give place and State		If non-resident, give place and State	
Color or race	Caucasian	Color or race	Caucasian
Age at last Birthday	43 (Years)	Age at last Birthday	33 (Years)
Birthplace (City and State or County)	Rytro Galicia Poland	Birthplace (City and State or County)	St Mary's Warren Co, Iowa
Occupation	Carpenter	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at about 10 P. M. on the date above stated.

(Signature) John M. Kulick

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mother's Mother Lucinda Simmons
(Physician or midwife)

Address 2408 Gale Ave Long Beach Cal

Filed Jan 12 1931

Registrar.

MAY 12 1969

DELAYED

189196

189196

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... Main ..... St.

155 731 029 651

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. Idaho State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Merle Hugh Jennings

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 21 1912

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Hugh Jennings

Residence (Usual place of abode) Juliaetta Ida.

If non-resident, give place and State .....

Color or race Wht. Age at last Birthday 41 (Years)

Birthplace ..... (City and State or County)

Occupation Mechanic

MOTHER

FULL MAIDEN NAME Christena Elnora Weatherby

Residence (Usual place of abode) Vancouver Wash.

If non-resident, give place and State .....

Color or race Wht. Age at last Birthday 41 (Years)

Birthplace Greenville Miss. (City and State or County)

Occupation Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } **at** 10 P.M. **M. on the date above stated.**

(Signature) .....

.....
(Physician or midwife)

Address Lewiston (formerly Juliaetta) Idaho

Filed MARCH 19 31 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Mtn. Home

No. ..... St.

465 N 7 020 465

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 189278

CERTIFICATE OF BIRTH

Registration District No. 34 State File No. .....

Prim. Registration District No. 2020 Local Registrar's No. 2

FULL NAME OF CHILD Leon Monasterio

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Nov 17 1912

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Frank Monasterio	FULL MAIDEN NAME Amelia Monasterio
Residence (Usual place of abode)	Residence (Usual place of abode) .....
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 36 (Years)	Color or race White Age at last Birthday 30 (Years)
Birthplace Spain (City and State or County)	Birthplace Spain (City and State or County)
Occupation Sheep Herder	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) .....

Nurse, Mrs Thorpe

(Physician or midwife)

Address Mtn Home

Filed Feb 18 1931 ..... Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JAN 30 1967

455707003213

190845

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

190843

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 655 North 5th St.
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Dominic Alfred Devengenzo

3. Sex boy | If plural births: 4. Twin, triplet, or other single; 5. Number, in order of birth 6 | 6. Premature ___ Full term X | 7. Legitimate? yes | 8. Date of birth Jan. 7, 1912 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Crisanto Devengenzo	18. Full maiden name Celesta Salvucci
10. Residence (usual place of abode) (If non-resident, give place and State) 1666 Grant Ogden	19. Residence (usual place of abode) (If non-resident, give place and state) 1666 Grant Ogden
11. Color or race White 12. Age at last birthday 51 (years)	20. Color or race White 21. Age at last birthday 51 (years)
13. Birthplace (city or place) (State or country) Pesche, Italy Prov. Compobasso	22. Birthplace (city or place) (State or country) Pesche, Italy Prov. Compobasso
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Man	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house work
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Union Pacific	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work at present, 19__ 17. Total time (years) spent in this work 7	25. Date (month and year) last engaged in this work ___, 19__ 26. Total time (years) spent in this work always

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 3

28. If stillborn, period of gestation 6 months or weeks | 29. Cause of stillbirth fall | Before labor ___ During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive Jan. 7, 1912 at 10 a. m. on the date above stated. (BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. "no doctor in attendance"

(Signed) Crisanto Devengenzo M.D. or "father", Midwife

Give name added from a supplemental report Crisanto Devengenzo "father"

Address 1666 Grant Ave.

Filed JUNE 1931

Registrar

2 persons who knew of birth are — Genaro Devengenzo, Mike Pasano, and Gertrude De Gregory.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

DELAYED

962.222 006-214

190845

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. Where more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

190845

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Alice Robert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	July 22 192

FATHER		MOTHER	
FULL NAME	Edward Robert	FULL MAIDEN NAME	Ida Baumgartner
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Mackinnon M.D.
(Physician or ~~midwife~~)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed JUNE 19 27 1931

Registrar

Am 18. Okt. 1973 dem Inhaber

Passempfehlung ausgestellt.

BIEL, den 18. 10. 1973.

SCHRIFTENKONTROLLE

JUL 12 1974

OCT 5 1951

DELAYED

1911 - 1913

191 1 35 MC

RECEIVED JUN 27 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of ADA
City of Boise
No. RFD#5 St.
995-225001-819
(If born in hospital or institution give name.)

Registration District No. _____ State File No. 191730

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD DORIS JANETTE HINSHAW

3. Sex FEMALE | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term ✓ | 7. Legitimate? yes | 8. Date of birth NOV 25 TH, 1912 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name JAMES EZRA HINSHAW	18. Full maiden name AUGUSTA FRANCIS HARGROVE
10. Residence (usual place of abode) (If non-resident, give place and State) BOISE IDAHO	19. Residence (usual place of abode) (If non-resident, give place and State) BOISE IDAHO
11. Color or race WHITE 12. Age at last birthday 27 (years)	20. Color or race WHITE 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or country) CANE CREEK NORTH CAROLINA	22. Birthplace (city or place) (State or country) SILER CITY NORTH CAROLINA
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARM WORKER	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSE KEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. FARM	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME
16. Date (month and year) last engaged in this work PRESENT, 1912 — 17. Total time (years) spent in this work 10	25. Date (month and year) last engaged in this work PRESENT, 1912 — 26. Total time (years) spent in this work 5

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead NONE (c) Stillborn NONE

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

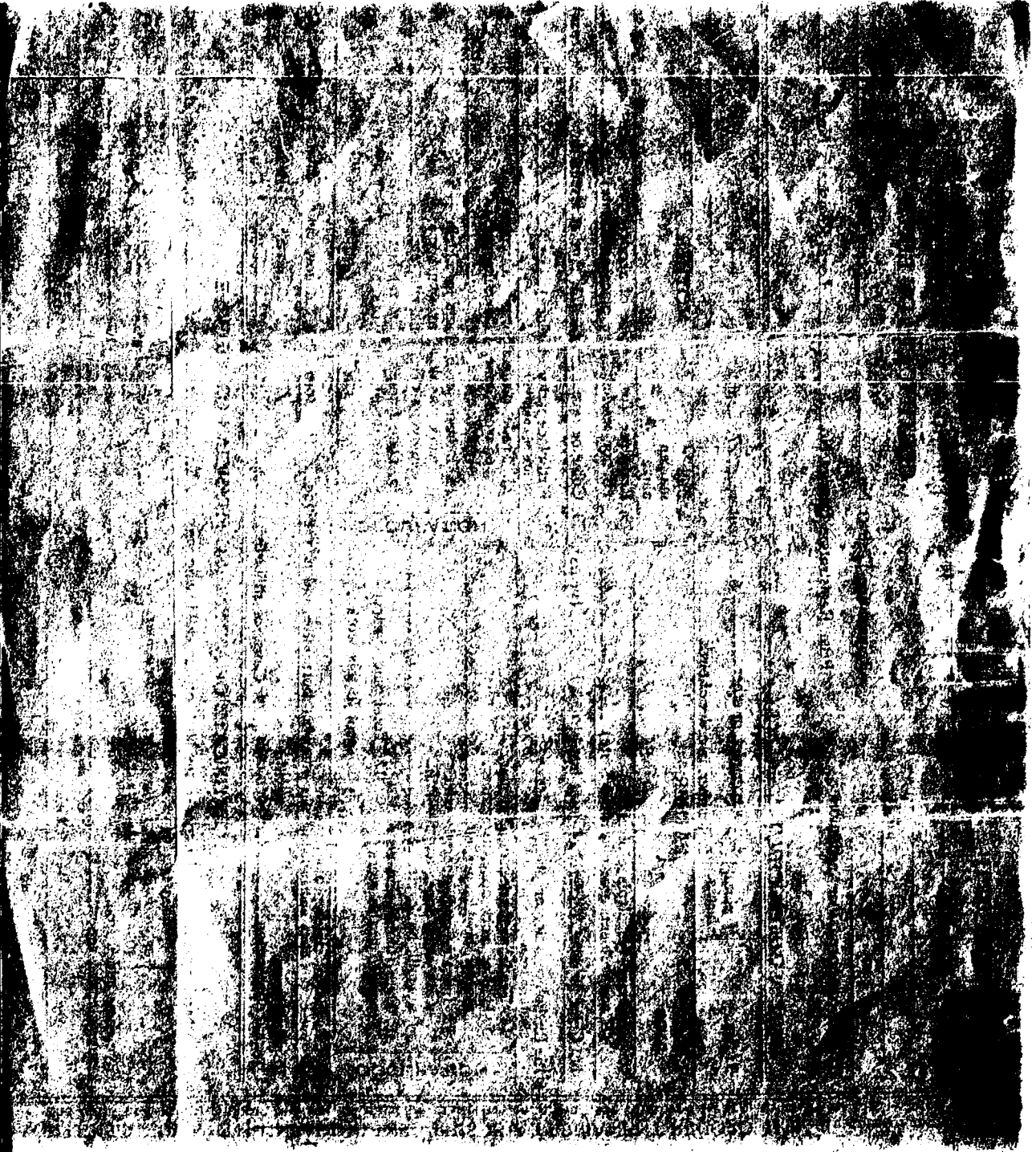
(Signed) J. E. Hinshaw, ~~M. D.~~ father
or _____, Midwife
Address _____
Filed _____, 1931

Give name added from a supplemental report _____
(DATE OF)

_____ Registrar.

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



346104023594 RECEIVED AUG 18 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

193486

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gem
City of Emmett
No. Farm St.
(If born in hospital or institution give name.)

Registration District No. _____ State File No. 15796
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Marion William Ludwig

3. Sex Male | If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1st } | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth Sunday Aug 4 1912 (MONTH, DAY, YEAR)

FATHER

9. Full name Henry William Ludwig
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Ida
11. Color or race White 12. Age at last birthday 52 (years)
13. Birthplace (city or place) (State or country) Germany

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work August 13, 1931
17. Total time (years) spent in this work 25

MOTHER

18. Full maiden name Hettie Bell Nida
19. Residence (usual place of abode) (If non-resident, give place and state) Emmett Ida.
20. Color or race White 21. Age at last birthday 39 (years)
22. Birthplace (city or place) (State or country) Salt Rock West Virginia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work August 13, 1931
26. Total time (years) spent in this work 21

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks } | 29. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at 6:45 P. m. on the date above stated.

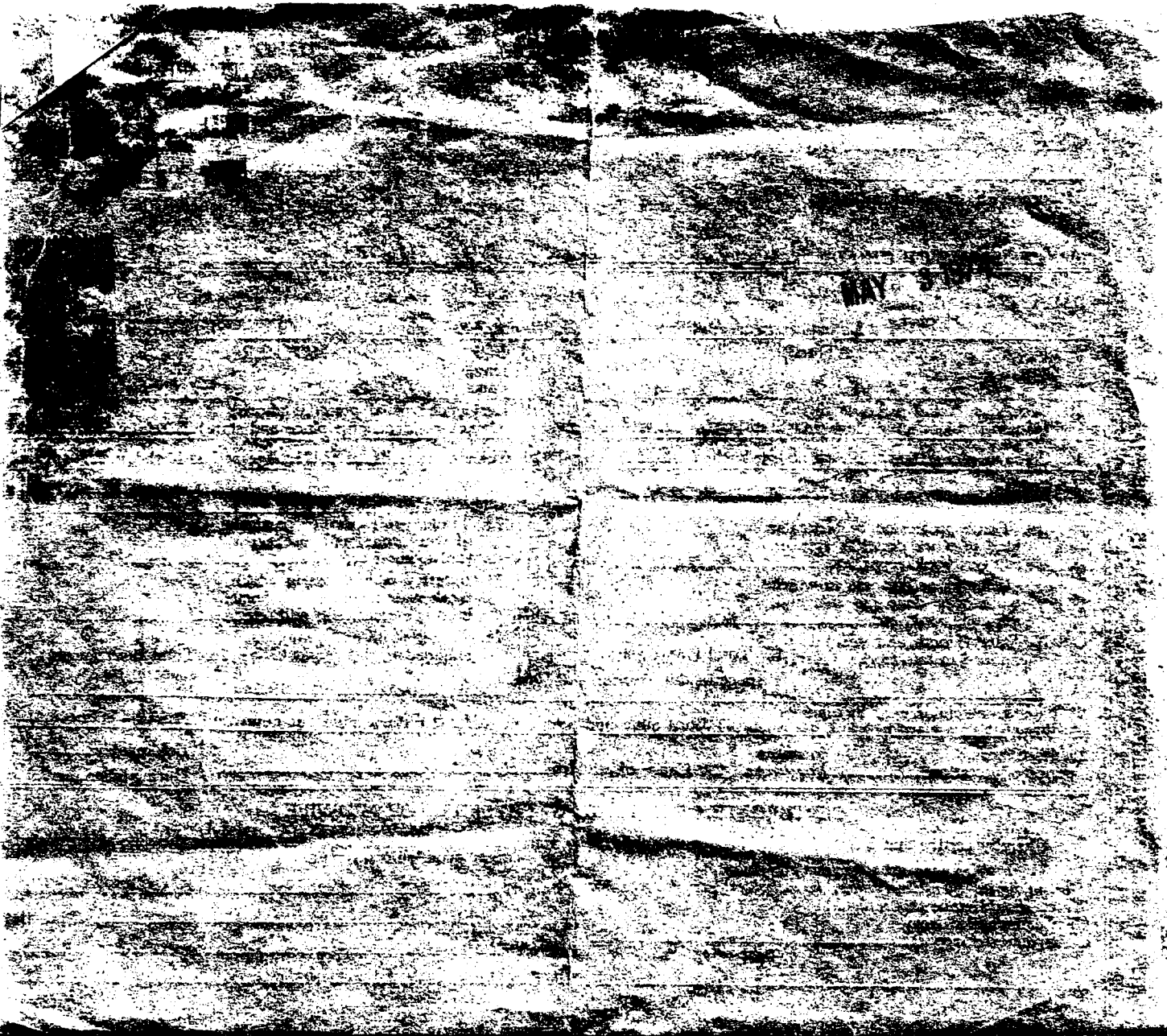
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) [signature] M. D.
or _____ Midwife
Address Emmett Idaho

Filed Aug. 18, 1931

_____ Registrar.
_____ Registrar.



219-113-032-84

1. PLACE OF BIRTH

RECEIVED AUG 17 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 193493

Prim. Registration District No. _____ Local Registrar's No. _____

County of Lincoln

City of Jerome Idaho

No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Paul Louis Kartzke

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (MONTH, DAY, YEAR)
Male			Yes	Yes	November 13, 1931

FATHER

9. Full name: Paul Rudolph Kartzke

10. Residence (usual place of abode) (If non-resident, give place and State): Jerome Idaho

11. Color or race: White — 12. Age at last birthday: 32 (years)

13. Birthplace (city or place) (State or country): Berlin Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gen. Contractor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____

16. Date (month and year) last engaged in this work: Present time, 1931 — 17. Total time (years) spent in this work: 19 yrs

MOTHER

18. Full maiden name: Jane Pearl Quackenbush

19. Residence (usual place of abode) (If non-resident, give place and state): Jerome Idaho

20. Color or race: White — 21. Age at last birthday: 32 (years)

22. Birthplace (city or place) (State or country): Knox, Albany Co. New York

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Clothing Store

25. Date (month and year) last engaged in this work: _____, 1927 — 26. Total time (years) spent in this work: 4 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: none (c) Stillborn: none

28. If stillborn, period of gestation: _____ months or weeks — 29. Cause of stillbirth: _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [redacted], M. D.

Jane Kartzke "Mother" ~~Midwife~~

Address Jerome Idaho

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

Filed _____, 1931 _____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

Mrs. J. M. McIntyre "nurse"
Jerome, Idaho.

Mrs. Wm Wagner
612 N. Marguerita Ave.,
Alhambra, California

Paul R. Kartzke
O. R. Peterson
Jerome Ida

DEC 12 1951

DEC 12 195

46 [illegible] 213

RECEIVED SEP 15 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 193558

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 6 & Idaho St.

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Sara Morimoto

3. Sex Female | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate? Yes | 8. Date of birth July 16, 1912 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Chas T. Morimoto	18. Full maiden name Matsu Katsuki
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida	19. Residence (usual place of abode) (If non-resident, give place and state) _____
11. Color or race Japanese	20. Color or race Japanese
12. Age at last birthday 31 (years)	21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or country) Japan	22. Birthplace (city or place) (State or country) Japan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____, 19__	25. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ *Registrar.*

(Signed) John Bank, M. D.

or _____, Midwife

Address Boise Ida

Filed 8-12, 193__ _____ *Registrar.*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1912-3767
1912-3633

266-119014695

196728

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 8th Ave + 4 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

196728

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Wilson Frances Bow
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate	Date of birth
male	\		\	yes	Dec (Month) 19 (Day) 1912 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

Number of child of this mother, including present birth first (a) Born alive and now living one

Born alive but now dead none Stillborn none

FATHER	MOTHER
FULL NAME Nelson T. Bow	FULL MAIDEN NAME Viola B Winbigler
Residence (Usual place of abode) Bowmont Ida	Residence (Usual place of abode) Bowmont
If nonresident, give place and State	If nonresident, give place and State
Color or race white Age at last Birthday 31 (Years)	Color or race white Age at last Birthday 29 (Years)
Birthplace Kansas (City and State or Country)	Birthplace Clinton Co. Missouri (City and State or Country)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 4 P. M. on the date above stated.

(Signature) H P Ross M.D.

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Nampa Idaho

Filed Dec. 1931 19

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

821-102.024-192 See 4812

200169

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

.....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 200169

Registration District No..... State File No.....

Prim. Registration District No..... Local Registrar's No.....

FULL NAME OF CHILD Louis Ybarguen
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Feb. 2 19 12

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth..... (a) Born alive and now living.....

Born alive but now dead..... Stillborn .....

FATHER	MOTHER
FULL NAME Joseph Ybarguen	FULL MAIDEN NAME Ventura Arbitaste
Residence (Usual place of abode) Hagerman Idaho	Residence (Usual place of abode) Hagerman Idaho
If non-resident, give place and State	If non-resident, give place and State [redacted]
Color or race Basque Age at last Birthday [redacted] (Years)	Color or race Basque Age at last Birthday [redacted] (Years)
Birthplace Spain (City and State or County)	Birthplace Espaster (City and State or County)
Occupation Herdsman	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Ventura Ybarguen

Mocheh
(Physician or Midwife)

Address Salmon Idaho

Filed March 1912

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

VOIDED Dup of 1912-4812

517-111-022-319

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

200684

CERTIFICATE OF BIRTH

Registration District No. 99 State File No. .....

Prim. Registration District No. 2177 Local Registrar's No. .....

FULL NAME OF CHILD Samuel Peter Eagle Jr.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Y	July (Month) 11 (Day) 1912 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Samuel Peter Eagle	FULL MAIDEN NAME Ida Christine Carlson
Residence (Usual place of abode) N Yellowstone Mont	Residence (Usual place of abode) N Yellowstone Mont
If nonresident, give place and State	If nonresident, give place and State .....
Color or race White Age at last Birthday 30 (Years)	Color or race White Age at last Birthday 28 (Years)
Birthplace Penn (City and State or Country)	Birthplace Minn (City and State or Country)
Occupation Merchant	Occupation Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) W Bee st m. o.

(Physician or midwife)

Address St Anthony Ida

Filed March 9 1932 Sarah Munk
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-17-41

DELAYED

693 120040 992

RECEIVED MAY 9 1939

201120

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. Presley Addition St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 201120

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Zachary David Williams

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec. 20th 1912

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth none before (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME James Zach Williams

Residence (Usual place of abode) Kellogg, Idaho

If non-resident, give place and State .....

Color or race White Age at last Birthday 22 (Years)

Birthplace Llanfairfechan, North Wales (City and State or County)

Occupation Miner

MOTHER

FULL MAIDEN NAME Alice Sophie Ristvedt

Residence (Usual place of abode) Kellogg, Idaho

If non-resident, give place and State .....

Color or race White Age at last Birthday 21 (Years)

Birthplace Tacoma, Pierce Co. Wash. (City and State or County)

Occupation Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) .....

Alice Sophie Williams (Physician or midwife) mother

Address .....

Filed ..... 19..... .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

1712 -
Dep of 12976

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1932

202595

PLACE OF BIRTH

County of Bannock

City of Lava Hot Springs,

No. ..... St.

592/3 003 592

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 202595

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD SHIYOICHIRO NISHI

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE			YES	FEBR. 13, 1912

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 1 Stillborn none

FATHER	MOTHER
FULL NAME KATSUTARO NISHI	FULL MAIDEN NAME YANA NISHI
Residence (Usual place of abode) LAVA HOT SPRINGS	Residence (Usual place of abode) LAVA HOT SPRINGS
If non-resident, give place and State	If non-resident, give place and State
Color or race Japan Age at last Birthday #(39 (Years)	Color or race Japan Age at last Birthday 27 (Years)
Birthplace Japan (City and State or County)	Birthplace Japan (City and State or County)
Occupation Laborer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Katsutaro Nishi

Father in attendance
(Physician or midwife)

Address .....

Filed July 1932 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

THE STATE OF CALIFORNIA)
)SS
COUNTY OF LOS ANGELES.)

Katsutaro Nishi, of lawful age, being duly sworn deposes and says; that he is the father of Shiyoichiro, the person whose birth is reported on the reverse side hereof; that no physician or mid-wife was in attendance at the birth of said Shiyoichiro Nishi; that deponent, the father of said child was in attendance at said birth and that the statements made and reported on the reverse side hereof are true of his personal knowledge.

* Katsutaro Nishi

Subscribed in my presence and sworn to before me this 5 day of July, 1938.

John M. Yokis
Notary Public.

NOTARY PUBLIC
In and for the County of Los Angeles, State of California
My Commission Expires March 23, 1935

Amended 6-1-60

PLACE OF BIRTH

168-218040-318

County of Shoshone

City of Kellogg, Ida.

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123 File No. 20[redacted]1

Primary Registration District No. 2201 Registered No. 116

FULL NAME OF CHILD Svea Ingred Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 18, 1912

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Oscar Johnson	FULL MAIDEN NAME: Ida Mary Laho
RESIDENCE: Kellogg	RESIDENCE: Kellogg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Finland
OCCUPATION: Miner	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Kennett, M.D.

(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Aug. 16, 1932 Mrs. Helen McBride

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Province of Alberta } ss.
County of Canada }

Certificate No. 204441

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lwea Incred Johnson (Name on Original Certificate) who born (Was Born or Died) on June 18, 1912 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Lwea Incred Johnson	Svea Ingred Johnson
Maiden Name of Mother	Ida Mary Liho	Ida Mary Laho

Subscribed and sworn to before me this 9th day of February, 1960

Notary Public, residing at Lethbridge, Alberta, Canada
My commission expires Dec. 31, 1960
(Seal)

Signed Ida mary Johnson (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lethbridge Alberta, Canada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Lethbridge } ss.
County of Province of Alberta, Canada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of February, 1960

Notary Public, residing at Lethbridge, Alberta
My commission expires Dec 31, 1960 Canada
(Seal)

Signed Dorothy Greene
(Signature of Any Credible Person)

Lethbridge, Alberta Canada
(Street Address, City, State)

FORM DPH 55.155 CL 1-28-60. nm

Own Child's Birth Certificate on file, #290867 gives full maiden name of Mother as Svea Ingred Johnson - viewed by V.S.

State of Washington, Marriage Certificate, July 15, 1935 gives full name of groom as Gerald Raymond Furnish and full name of bride as Svea Increed Johnson - viewed by V.S.

accepted two other children's birthcertificates for correcting mother's maiden name. - listed below -

Another child's birth certificate on file, #39737 gives full maiden name of mother as Ida Laho - viewed by V.S.

Another child's birth certificate on file, #260625 gives full maiden name of mother as Ida Laho - viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED FEB 11 1933

PLACE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

796 215 023843

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

209093

CERTIFICATE OF BIRTH

Registration District No. 6 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ellen Irene Grogan
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | ~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Aug 15 1912 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Ag No 3

Number of child of this mother, including present birth 6 (a) Born alive and now living 5

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Marion Frank Grogan	FULL MAIDEN NAME Mary Elsie Hulsey
Residence (Usual place of abode) Emmett	Residence (Usual place of abode) Emmett
If non-resident, give place and State	If non-resident, give place and State .....
Color or race white Age at last Birthday 36 (Years)	Color or race white Age at last Birthday 38 (Years)
Birthplace Atlanta, Georgia (City and State or County)	Birthplace Harrison Arkansas (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 11 a. M. on the date above stated.

(Signature) J L Reynolds M.D.
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Emmett Idaho.

Filed 2-9 1933. J L Reynolds
Registrar.

MAR 4 1942

OCT 19 1972

MAR 19 1957

DELAYED

SEE MR D56-0136 SIBLINGS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAR 13 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Fremont

City of St Anthony

CERTIFICATE OF BIRTH 210094

No. 695 127 022 363 St. Registration District No. 99 State File No.

Hospital Primary Registration District No. 2177 Local Registrar's No. 164

FULL NAME OF CHILD Fern Samuel Winters 164

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	Yes	Aug 27 1932

(To be answered only in event of plural births)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth — Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Samuel Hyrum Winters	FULL MAIDEN NAME	Margaret Ann Lott
RESIDENCE	Chester Ida	RESIDENCE	St Anthony Beaver Utah Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mowhat Pleasant Utah	BIRTHPLACE	Beaver Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 12.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) Juniette J. Brown
midwife
(Physician or midwife)

Address Chester, Idaho

Filed March 1 1933 Sarah Munk
Registrar.

FEB 4 1942

MAR 1 4 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAR 23 1933

County of Elmore

City of Mountain Home

No. ..... St.

131.101.020-114

(If born in hospital or institution give name.)

STATE OF IDAHO 210391
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 210391

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD John Pedro Acaituxxi
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				yes	August (Month) 1 (Day), 1912 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? do not remember

Number of child of this mother, including present birth ~~3rd~~ (a) Born alive and now living —

Born alive but now dead none Stillborn

FATHER		MOTHER	
FULL NAME	Jacinto J. Acaituxxi	FULL MAIDEN NAME	Rosario Ajuria
Residence (Usual place of abode)	Burley	Residence (Usual place of abode)	Burley
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last birthday	~~52~~ 31 (Years)	Age at last birthday	~~41~~ 20 (Years)
Birthplace	Spain (City and State or County)	Birthplace	Spain (City and State or County)
Occupation	Sheepman	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ✓ / ~~Stillborn~~ at 3:00 A.M. M. on the date above stated.

(Signature) Rosario Ajuria "Acaituxxi Mother"

224 W 3rd St. Burley, Idaho
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Mar 1933 .....
Registrar.

Name Address

Mr. & Mrs.
1-2 Tiburcio Aguirre (now in) Spain

3. Agapido Bideganeta

Mtno [illegible] Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Dover

No. 415-128 00 3632 St.

at home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 2-10-42 3

210403

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Gordon Charles Danielsan

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male

Twin, Triplet or other? ~~and~~ Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of birth Oct 28, 1917 (Month) (Day) (Year)

What prophalactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth Eighth (a) Born alive and now living five

Born alive but now dead Three Stillborn none

FATHER

FULL NAME Gustov Danielsan

Residence (Usual place of abode) Dover Idaho

If non-resident, give place and State

Color or race White Age at last birthday 46 (Years)

Birthplace Larvik Norway (City and State or County)

Occupation yard Superintendent

MOTHER

FULL MAIDEN NAME Olga Bendtsen Olsan

Residence (Usual place of abode) Dover Idaho

If non-resident, give place and State

Color or race White Age at last birthday 41 (Years)

Birthplace Larvik Norway (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 10 a M. on the date above stated.

(Signature) Gustov Danielsan

Father

(Physician or midwife)

Address Ladner B.C. Canada

Filed April 2 1933 Pearl Dillingham

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

People who know of the birth

Mr. Mrs Ben Hornby Dover Idaho
Mr. Mrs E. J. Rashall Sandpaint Idaho
317 Oak St.
Mr. Mat Benson Spokane Wash
1109 north madelen
Attendeng Physician Dr. Pattersan
Sandpaint Idaho ~~died~~
Died 1919

Mother Died 1921

MAY 13 1954

MAY 13 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 17 1933

County of Idaho

City of Clearwater

No. ..... St. 619-1/16.025-395

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

211916

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ursal Gilbert Farris

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
male				yes	Oct. (Month) 16 (Day), 1912 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth second (a) Born alive and now living .....

Born alive but now dead ..... Stillborn one

FATHER

FULL NAME John Gilbert Farris

Residence (Usual place of abode) Clearwater Idaho

If non-resident, give place and State .....

Color or race white Age at last birthday 22 (Years)

Birthplace Grangeville, Idaho Co-Idaho (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Hazel Birch Livingston

Residence (Usual place of abode) Clearwater Idaho

If non-resident, give place and State .....

Color or race white Age at last birthday 20 (Years)

Birthplace Alanthus-Nodaway Co--Mo. (City and State or County)

Occupation Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Hazel B. Farris "Mother"

..... (Physician or midwife)

Address Creston, B.C., Canada

Filed May 1933 ..... Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Fada A. Baker--- Clearwater Idaho

Sylvia J.Livingston--420½ E.Sola St.
Santa Barbara, California

R.H.Farris---Clearwater Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUL 29 1933

165-109-642-336

PLACE OF BIRTH

County of Twin Falls

City of ~~Twin Falls~~ Kimberly,

No. ..... St.

at the home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 213607

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Winston Irving Jones
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Male

Twin / Triplet or other? { and } Number in order of birth
(To be answered only in event of plural births)

Legitimate? yes

Date of birth Oct. 9, 1912
(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth Second (a) Born alive and now living two

Born alive but now dead none Stillborn .....

FATHER	MOTHER
FULL NAME: Charles Everett Jones	FULL MAIDEN NAME: Emma Glen Scott
Residence (Usual place of abode): Kimberly, Idaho	Residence (Usual place of abode): Kimberly, Idaho
If non-resident, give place and State:	If non-resident, give place and State:
Color or race: Anglo Saxon Age at last birthday: 31 (Years)	Color or race: Anglo saxon Age at last birthday: 31 (Years)
Birthplace: Kirksville, Missouri (City and State or County)	Birthplace: Meigs County, Ohio (City and State or County)
Occupation: Farmer	Occupation: teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 8:00 a. M. on the date above stated.

(Signature) Chas. E. Jones

Father
(Physician or midwife)

Address 344 Second Avenue N., Twin Falls, Idaho

Filed July 29 1933 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Twin Falls, Idaho,
July 26, 1933.

Bureau of Vital Statistics,
Boise, Idaho.
Pearl Dillingham, Registrar

Pursuant to your letter of instructions of July 26, I have, as father of Winston Irving Jones, filled out the certificate on the reverse side just as it would have been filled out on the date of his birth. Three persons who know of the birth of Winston are:
A. M. Scott, Kimberly, Idaho.
Ben Potter, Kimberly, Idaho
Bert Severance, Twin Falls, Idaho

My present address is:

Chas. E. Jones
344 Second Avenue N.,
Twin Falls, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED SEP 8 1933

PLACE OF BIRTH

County of Canyon

City of Emmett R.D. 1

No. ..... St.

249 169 014 354

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

214337

Registration District No. 6 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Frank Lemon Burns

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	9 – 9 – 1912

What prophylactic was used to prevent Ophthalmia Neonatorum? 1% silver nitrate

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Frank E Burns	FULL MAIDEN NAME	Mary F Lemon
Residence (Usual place of abode)	Emmett Ida	Residence (Usual place of abode)	Emmett Ida
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last Birthday	37 (Years)	Age at last Birthday	33 (Years)
Birthplace	Council Grove Kans (City and State or County)	Birthplace	Henry Co Ohio (City and State or County)
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 10 a M. on the date above stated.

(Signature) Lon Cummins MD

(Physician or midwife)

Address Emmett Ida

Filed 8-5 1933 J K Reynolds Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAY 7 1957

APR 1 1942

MAY 8 1957

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED SEP 21 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 215101

1. PLACE OF BIRTH

County of SHOSHONE

City of CATALDO

No. 859-112 040 815 St.

NONE

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD MERTSIE HERMAN HERLIN

3. Sex: BOY

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? _____

8. Date of birth February 12, 1912 (MONTH, DAY, YEAR)

FATHER

9. Full name: WILLIAM HERMAN HERLIN

10. Residence (usual place of abode) (If non-resident, give place and State) CATALDO

11. Color or race Finn

12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or country) FINLAND

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name IDA Kankela

19. Residence (usual place of abode) (If non-resident, give place and state) CATALDO

20. Color or race FINN

21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or country) FINLAND

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE (BORN ALIVE OR STILLBORN) at 6:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) X Mary Juntila [redacted]

or X _____ [redacted]

Address X Mullan, Idaho

Filed Sep, 1933

_____ Registrar.

_____ Registrar.

DELAYED

RECEIVED SEP 22 1933

215105

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 215105

1. PLACE OF BIRTH
County of Latah 29712
City of Moscow 029691
No. 120 N. Howard St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John ~~B~~ Bertram Barackman

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Aug 12, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Pierson Barackman	18. Full maiden name: Alberta Franklin
10. Residence (usual place of abode) (If non-resident, give place and State): Moscow Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Idah
11. Color or race: White | 12. Age at last birthday: 75 (years)	20. Color or race: White | 21. Age at last birthday: 50 (years)
13. Birthplace (city or place) (State or country): Marietta Ohio	22. Birthplace (city or place) (State or country): New Richmond, Ind. Indiana
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Teacher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, ~~typist, nurse, clerk,~~ etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, ~~lawyer's office, silk mill, etc.~~
16. Date (month and year) last engaged in this work: April, 1930 | 17. Total time (years) spent in this work: 60	25. Date (month and year) last engaged in this work: Sept, 1933 | 26. Total time (years) spent in this work: 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): Three (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

The Midwife Mrs. Franklin is dead M. D.
or We cannot locate Dr Josef Gepry, Midwife
Address the attending physician
Filed Signed J P Barackman Father, 193..

Give name added from a supplemental report ..... (Date of)

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs R. S. Snyder
Mrs. A. H. Overmyer
Mrs. B. E. Bush

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Butte

City of Berenice Idaho

No. ..... St.

212-206012-864

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

215107

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Edna Wadine Baker
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	October 6th, 1912

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living Yes.

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Arthur William Baker	FULL MAIDEN NAME Emma Freda Hodges Baker
Residence (Usual place of abode) Berenice, Idaho	Residence (Usual place of abode) Berenice Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last birthday 45 (Years)	Color or race White Age at last birthday 40 (Years)
Birthplace Widemarsh Common, Hereford England (City and State or County)	Birthplace Ottawa Kansas Franklin Co (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) [illegible]

Father
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address [illegible]

Filed ..... 1922 .....
Registrar.

able C. Cowgill } near neigh.
H. H. Cowgill } bors

JUL 2 1959

DELAYED

RECEIVED OCT 1 1933

2.15 111

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 215111

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bannock
City of Bancroft
No. 494 228 003 - 344 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Anna Dorothy Dimick

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Aug 28 1912 (Month, Day, Year)

FATHER

9. Full name Ephraim John Dimick
10. Residence (usual place of abode) (If non-resident, give place and State) Bancroft
11. Color or race White 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or country) Loomington Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Sheep man
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc ranch - range
16. Date (month and year) last engaged in this work April, 19 20
17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Anna Elizabeth Lee
19. Residence (usual place of abode) (If non-resident, give place and State) Bancroft
20. Color or race White 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or country) Soda Springs Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. School room
25. Date (month and year) last engaged in this work Jan 30, 19 26
26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead — (c) Stillborn —
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Alice Aston, Midwife
Address Bancroft Idaho

Give name added from a supplemental report ..... (Date of)

Filed ....., 1933

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

FEB 8 1968

DELAYED

DUP OF 1912 8137

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

~~City of~~ Emmett

No. ..... St.

413 103014 864

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 215877

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Earl Edward Malstrom
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)			✓	June (Month) 3 (Day), 1912 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth Fifth (a) Born alive and now living Four

Born alive but now dead One Stillborn .....

FATHER		MOTHER	
FULL NAME	Elias Willard Malstrom	FULL MAIDEN NAME	Elizabeth Hodge
Residence (Usual place of abode)	Emmett	Residence (Usual place of abode)	Emmett
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday	34 (Years)	Age at last birthday	26 (Years)
Birthplace	Mapleton Utah (City and State or County)	Birthplace	North Star Utah (City and State or County)
Occupation	Farmer & Carpenter	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) Elizabeth Malstrom Field
Mother
~~(Physician or midwife)~~

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed June 1912 .....
Registrar.

DELAYED.

I am familiar with facts stated on other side this paper and believe them to be correct

Mrs Ed Modine
Mrs J. A. Hills

M

RECEIVED NOV 13 1933

215878

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child born, a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 215878

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 1717 Sherman St.
493121028-415
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Phillip Gordon Miller

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term ✓	7. Legitimate? yes	8. Date of birth Dec. 21, 1932 (Month, Day, Year)
Male				

	FATHER	MOTHER
9. Full name	Axel Miller	18. Full maiden name Mary Christina Danielson, Miller
10. Residence (usual place of abode) (If non-resident, give place and State)	612 Riverside Coeur d'Alene Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Idaho
11. Color or race White	12. Age at last birthday 50 (years)	20. Color or race W.	21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or country)	Helsingborg Sweden	22. Birthplace (city or place) (State or country) Arjeng Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Bookkeeper	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Domestic
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc	Bank	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Home
16. Date (month and year) last engaged in this work	1. Sept., 1930	25. Date (month and year) last engaged in this work	Sept. 1, 1910
17. Total time (years) spent in this work	10.	26. Total time (years) spent in this work	10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1. (b) Born alive but now dead 0. (c) Stillborn 0.

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth .....

Before labor .....
During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 1 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [illegible], M. D.
or Axel Miller, Father, Midwife
Address 612 Riverside Coeur d'Alene Ida.

Give name added from a supplemental report .....
(Date of)

Filed NOV, 1933

Registrar.

Registrar.

Alfred W Miller 1715 Sherman ave Coeur d Alene Ida.
Matilda Miller 1715 Sherman ave Coeur d Alene Ida.
Mrs Adolph Benson St Maries Idaho.

NOV 10 1953

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

~~County of~~ Ft. Hall Indian Reservation

~~City of~~ P.O. Ft. Hall, Idaho

No. 495-208'006-219 ~~St.~~

Born at home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 219227

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Edith Elizabeth Dietz
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	— —		— — —	yes	Mar. (Month) 8th (Day), 1912 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid Solution

Number of child of this mother, including present birth Third (a) Born alive and now living three

Born alive but now dead None Stillborn None

FATHER		MOTHER	
FULL NAME	Henry Werner Dietz	FULL MAIDEN NAME	Edith Ainslie Barrows
Residence (Usual place of abode)	Ft. Hall, Idaho	Residence (Usual place of abode)	Ft. Hall, Idaho
If non-resident, give place and State	- - - - -	If non-resident, give place and State	- - - - - - - -
Color or race	White	Color or race	White
Age at last birthday	32 (Years)	Age at last birthday	31 (Years)
Birthplace	Healdsburg, California (City and State or County)	Birthplace	Columbus, Nebraska. (City and State or County)
Occupation	Civil Engineer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 6:00 P. M. on the date above stated.

(Signature) Henry R. Wheeler
Physician
(Physician or midwife)

Address Ft. Hall, Idaho

Filed ..... 1934 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

OVER:

SDH APR 2 6 2017

FEB 12 1974

Ft.Hall Indian Agency,
Ft.Hall, Idaho,
Feb. 15, 1934.

Note:

The birth, recorded in this certificate, occurred years ago when it was the custom on Indian Reservations to record births and deaths in the Agency Records, without a certificate to the State Registrar, Since then this party, after arriving at maturity, has requested a certificate of birth which I have transmitted.

In order to have a safe record for future reference, I have also prepared a copy which I am forwarding to the State Registrar of Vital Statistics, thru the local Registrar of Bingham County.

Henry R. Mitchell

Ex-Agency Physician (Retired)
Ft.Hall, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley, Ida

No. — St.

432-110-016-719

(If born in hospital or institution give name.)

RECEIVED MAR 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 219406

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Cloyde Garner McBride
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth May 10th (Month) (Day), 1912 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Elam Marion McBride	FULL MAIDEN NAME Ruby May Garner
Residence (Usual place of abode) Oakley, Idaho	Residence (Usual place of abode) Oakley, Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 25 (Years)	Color or race White Age at last birthday 21 (Years)
Birthplace Oakley Idaho (City and State or County)	Birthplace Clifton Idaho (City and State or County)
Occupation Carpenter	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

(Signature) Wilda J McBride
Midwife
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 354 W Gage ave Los Angeles

Filed May 1912 .....
Registrar.

JUN 1 8 1974
APE

DELAYED

RECEIVED APR 7 1934

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 220118

1. PLACE OF BIRTH
County of Idaho
City of Clearwater
No. [illegible] St.
255 205 025 - 367
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Marie Wanda Henderson

3. Sex, Girl
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2nd
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth 2 · 5 · 1912 (Month, Day, Year)

FATHER

9. Full name Harry Alden Henderson
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white 12. Age at last birthday 40 (years)
13. Birthplace (city or place) Jasper Co. Iowa (State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farmer
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Myrtle Elizabeth Cox
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race white 21. Age at last birthday 30 (years)
22. Birthplace (city or place) Adrian (State or country) Minnesota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ..... Frontier M. D.
or Mrs. H. A. Henderson Midwife
Address Bonners Ferry Idaho
Filed April 7, 1934 .....
Registrar.

over

Mrs. Hazel Sweetheart
Stites — Idaho.

MAR 24 1972

Mrs. Henry Lohrey
Stites — Idaho.

Mrs. J. C. Cox
Deer Park -
Washington
R. 2.

RECEIVED MAY 22 1934

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Potlatch, Idaho
No. ..... St.
219107-029-295
(If born in hospital or institution give name.)
Private home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 22142 1

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ernest Thomas Saris

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth
Male			1		Yes	no	December 7, 1933 (Month, Day, Year)

FATHER		MOTHER	
9. Full name	John Saris	18. Full maiden name	Edith May King
10. Residence (usual place of abode) (If non-resident, give place and State)	Potlatch Ida.	19. Residence (usual place of abode) (If non-resident, give place and State)	Potlatch Idaho
11. Color or race	White	20. Color or race	White
12. Age at last birthday	35 (years)	21. Age at last birthday	19 (years)
13. Birthplace (city or place) (State or country)	Minnesota	22. Birthplace (city or place) (State or country)	Clore, Missouri County, Oregon
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Planing mill work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	House work
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Planing mill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Private Homes
16. Date (month and year) last engaged in this work	dont know, 19	25. Date (month and year) last engaged in this work	June, 1932
17. Total time (years) spent in this work	dont know	26. Total time (years) spent in this work	3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? dont know

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 4 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~Edith May King~~ (mother) D.
or Edith May Owens (present name), Midwife
Address 3713 N. Missouri Ave. Portland Oregon

Give name added from a supplemental report .....
(Date of)

Filed 5-26, 1934

Registrar.

Registrar.

People knowing me at time of birth of child

Mrs. N. Consela Potlatch Idaho

Mrs Joseph Lynch, Potlatch Idaho

Mrs. James Johns, Potlatch Idaho RFD1

Mrs. E. Fagg, Potlatch Idaho.

Dep #1912 - 10783

DELAYED

942-120 214 268 22 14 23

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. 1301 Cleveland St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 221423

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Toyne Ruby

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			Full term Yes	Yes	Oct. 20, 1912

FATHER		MOTHER	
9. Full name	Daniel Graham Ruby	18. Full maiden name	Ida Toyne Ruby
10. Residence (usual place of abode) (If non-resident, give place and State)	Caldwell Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)	Caldwell Idaho
11. Color or race	White	20. Color or race	White
12. Age at last birthday	51 (years)	21. Age at last birthday	30 (years)
13. Birthplace (city or place) (State or country)	Butler Co. Pennsylvania	22. Birthplace (city or place) (State or country)	Glidden Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Stock man	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	At present 1912	25. Date (month and year) last engaged in this work	At present, 1912
17. Total time (years) spent in this work	24	26. Total time (years) spent in this work	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living, 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 9 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Mrs. Ida Ruby (Mother), Midwife
Address .....
Filed May 24, 1934 ..... Registrar.

MAY 15 1942

OCT 31 1974

DEC 27 1967

Mrs. J.S.Harrington, Caldwell, Idaho
Mrs. E.H.Petry, Caldwell, Idaho
Mrs. Anne W. Young, 708½ Franklin, Boise, Idaho

Dupe #
1912-9349

DELAYED

MAY 31

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

221426

CERTIFICATE OF BIRTH 221426

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. 110 Almon St.
154-117-029-154
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Emery Victor Anderson

3. Sex Boy | If plural births: 4. Twin, triplet, or other 1 / 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth June 17 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Patriae Anderson	18. Full maiden name Pearl Anderson
10. Residence (usual place of abode) Moscow (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Moscow (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 21 (years)	20. Color or race White 21. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or country) United States	22. Birthplace (city or place) (State or country) Dallas Texas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Painter and farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Painting July 1 1933	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work off & on 4 years	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn yes

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~ is dead

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Patriae Anderson, M. D.
or Father, ~~Midwife~~
Address .....

Give name added from a supplemental report ..... (Date of)

Filed 5-23, 1934

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of ..... than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

People who knew of this Birth as follows

Mr. & Mrs. Chris Hagan of Moscow Idaho

Mr. & Mrs. Jay Woodworth Moscow Idaho

This is filled out by Emery V. Anderson

father Mr Patrick Anderson

231-186 014-297

221433

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

221433

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles J Blake Jr.

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? Yes
8. Date of birth Oct 6, 1912 (Month, Day, Year)

FATHER

9. Full name: Charles J Blake
10. Residence (usual place of abode) Nampa Idaho (If non-resident, give place and State)
11. Color or race: White 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or country): Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Laura B Bisser
19. Residence (usual place of abode) Nampa Idaho (If non-resident, give place and State)
20. Color or race: White 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or country): Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag. Nit.
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth 0 — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J H Murray, M. D.
or ....., Midwife
Address Nampa Ida

Give name added from a supplemental report .....
(Date of)

Filed 6-4, 1934

Registrar. Registrar.

NAME PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JAN 3 1969

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. W. S. Ave. Nr. Natatorium

241-101-201-693

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 221514

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Horace Henry Quarles

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	June 1, 1912

What prophylactic was used to prevent Ophthalmia Neonatorum? agnos 1%

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Horace H. Quarles

Residence (Usual place of abode) Boise

If non-resident, give place and State .....

Color or race W Age at last birthday 40 (Years)

Birthplace McCracken Co., Ky (City and State or County)

Occupation Laborer

MOTHER

FULL MAIDEN NAME Thursa Marguerite Wilson

Residence (Usual place of abode) Boise

If non-resident, give place and State .....

Color or race W Age at last birthday 32

Birthplace Boise (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 5:15 A M. on the date above stated.

(Signature) J. D. Springer

(Physician or midwife)

Address Boise Idaho

Filed 5-23 1934

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAR

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of ada

City of Star

No. ..... St.

319-203-001-253

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 221806

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Twyla Lucile arter
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
female				yes	Jan (Month) 3 (Day), 1912 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth Sixth (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME John C. Carter	FULL MAIDEN NAME Cora Alice Bell
Residence (Usual place of abode)	Residence (Usual place of abode) .....
If non-resident, give place and State Spokane, Wash.	If non-resident, give place and State Spokane Wash
Color or race white Age at last birthday 52 (Years)	Color or race white Age at last birthday 31 (Years)
Birthplace Canada (City and State or County)	Birthplace South Dakota (City and State or County)
Occupation Sawyer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3:00 P. M. on the date above stated.

(Signature) Mrs. Cora A Carter
Mother
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Klamath Falls

Filed 6-4 1934 S. T. Weed-Lowell
Registrar.

Mrs. and Mr. J P Cleek.
Klometh Falls

Mrs Jessia Rambo.
Meradian Idaho

Mr. J C Bell. Lost River Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Cambridge

No. 212-106 St. 44-791

(If born in hospital or institution give name.)

STATE OF IDAHO 223248
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 223248

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Alfred Edison Babb

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day), 19 (Year)
Male				Yes	April 6, 1912

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4th (a) Born alive and now living Yes

Born alive but now dead none Stillborn .....

FATHER		MOTHER	
FULL NAME	James Marion Babb	FULL MAIDEN NAME	Elva Pearl Grable
Residence (Usual place of abode)	Cambridge, Idaho	Residence (Usual place of abode)	Cambridge Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last birthday	33 (Years)	Age at last birthday	25 (Years)
Birthplace	Osage County Missouri (City and State or County)	Birthplace	Med Kansas (City and State or County)
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 2:18 A.M. on the date above stated.

(Signature) James Marion Babb

Father

(Physician or midwife)

Address 1517 N. Riverside, Medford Ore.

Filed 8-16-1934 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C. W. Babb - Grants Pass. Oregon DEC 8 1966
Mrs. C. W. Babb - Grants Pass Oregon
[illegible] E. Smith - [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of ~~Mohler~~ N.B. Perce, Idaho

No. ..... St.

793-124-071-455

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

223774

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD James Wilson Giles
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	February (Month) 24 (Day), 1912 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 8 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Charles Giles	FULL MAIDEN NAME Nellie Mae Dennis
Residence (Usual place of abode) ~~Mo~~ Neyperce	Residence (Usual place of abode) ~~Mohler~~ N.B. Perce, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last birthday 47 (Years)	Color or race White Age at last birthday 30 (Years)
Birthplace Newport Tennessee (City and State or County)	Birthplace Knoxville Iowa (City and State or County)
Occupation Merchant	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

(Signature) Charles Giles (father)
Permanent address, Craigmont
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed 8-13-34 19.....

Registrar.

Mrs Birtha Collins, Sunnyside, Washington
Mrs Perry Mitchell, N.Z. Pierce, Idaho
Mrs Frank Billips. " "

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED APR

PLACE OF BIRTH

County of Idaho

City of Cottenwood

No. 296-20 10 25-296 St.

(If born in hospital or institution give name.)

STATE OF IDAHO 224034
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 224034

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Elizabeth Jay Brockman
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Oct. 1 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME Charles W. Brockman	FULL MAIDEN NAME Gertrude Bourland Brockman
Residence (Usual place of abode) Cottenwood, Idaho	Residence (Usual place of abode) Cottenwood, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 29 (Years)	Color or race White Age at last Birthday 28 (Years)
Birthplace Hamilton, Texas (City and State or County)	Birthplace Jewel, Texas (City and State or County)
Occupation Rancher	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } **at** 3 **P.M. on the date above stated.**

(Signature) C. W. Brockman
Father
(Physician or midwife)

Address Cottenwood, Idaho

Filed ..... 19 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Nurse

Miss Vinnie Bourland

316 - 13 Ave.

Caldwell, Idaho.

DELAYED

OCT 16 1934

224730

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 224730

1. PLACE OF BIRTH
County of Madison
City of Sugar City, Idaho
No. 414-207-033-S.4
Home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Toshi Ujiiye

3. Sex female | If plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth X | 6. Premature X; Full term Yes | 7. Legitimate? Yes | 8. Date of birth 1/7, ~~193~~ 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Katsutaro Ujiiye	18. Full maiden name Uta Ujiiye
10. Residence (usual place of abode) (If non-resident, give place and State) Ogden, Utah	19. Residence (usual place of abode) (If non-resident, give place and State) Ogden, Utah
11. Color or race Japanese 12. Age at last birthday 36 (years)	20. Color or race Japanese 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or country) Japan	22. Birthplace (city or place) (State or country) Japan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

1 Certified copy 10/16/34 1 Photostat copy 3/31/42

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Katsutaro Ujiiye (father) ~~M. D.~~

or ....., Midwife

Address Route 2 Box 14

Filed Oct 16, 1935

Registrar.

Give name added from a supplemental report ..... (Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

APR 2 1942

Heji Kanno
Yki Kanno
shinji Katayama

Rt. 2.
Twin Falls
Idaho

1st certified copy issued Oct 16 - 1934

256/13 016-866

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia
City of Albion
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

226127

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Howard Snodgrass

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? Yes
8. Date of birth Jan 13, 1912 (Month, Day, Year)

FATHER

9. Full name Eugene Munn Snodgrass
10. Residence (usual place of abode) (If non-resident, give place and State) Albion
11. Color or race White 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or country) Albion Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name Lena Howard
19. Residence (usual place of abode) (If non-resident, give place and State) Albion
20. Color or race White 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or country) Lewiston Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School teacher
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work Nov, 19.02
26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate
28. Number of children of this mother (At time of this birth and including this child) Two (2)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 9:30 a.m. p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E M Snodgrass (father) opt D., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193..... ..... Registrar.

MAR 11 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of ... than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 921 E. Washington St
853-114-001-231
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 228530

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Henry Clay Helm II

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth June 14, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Egbert Clay Helm	18. Full maiden name Alice Dolores Scarberry
10. Residence (usual place of abode) Boise Idaho (If non-resident, give place and State)	19. Residence (usual place of abode) Boise Idaho (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 40 (years)	20. Color or race white 21. Age at last birthday 27 (years)
13. Birthplace (city or place) Minneapolis Minn (State or country)	22. Birthplace (city or place) Burnside Ill. (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Salesman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hardware	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work since 1887 ~~1923~~, 19.....	17. Total time (years) spent in this work All my life
25. Date (month and year) last engaged in this work ....., 19.....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) ~~Born alive but now dead~~ ..... (c) ~~Stillborn~~ .....

29. ~~If stillborn, period of gestation~~ ..... months or weeks | 30. ~~Cause of stillbirth~~ ..... ~~Before labor~~ ..... ~~During labor~~ .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Alive at 12:20 A.M. m. on the date above stated.
(~~Born~~ Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Alice D. Helm, mother, M. D.

or ....., Midwife

Address 921 E. Washington

Filed Jan, 1935

Registrar.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

Route 5

Mrs Alice Fielding
1940 So Orchard Ave
Los Angeles Calif.

Mrs Tomas Taylor
Boise Idaho
10 23 E. Franklin

Dr Litus - attended
and baby born at home, 921 E. Washington
Boise
Mrs Mary Baker nurse -

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED MAY 14 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

231041

1. PLACE OF BIRTH
County of Madison Co.
City of Rexburg
No. 413-123-033-413 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Henry Mack

3. Sex	If plural births	4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth Dec. 28, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Mack	18. Full maiden name Marie Wild Mack
10. Residence (usual place of abode) (If non-resident, give place and State) Rexburg Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Rexburg Ida
11. Color or race White 12. Age at last birthday 28 (years)	20. Color or race White 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or country) Freiburg Baden Germany	22. Birthplace (city or place) (State or country) Biebersfeld Germany
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Janitor	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ricks College	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work 4 Years	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Mack Father M. D.
or ~~Magdalene Walz (deceased)~~ Midwife
Address Rexburg Idaho.
Filed May, 1935

Give name added from a supplemental report ..... (Date of)

..... Registrar.

..... Registrar.

236-11-0033-313

231954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 231954

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Madison
City of Salem
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Agusta Ray Stocks

3. Sex male | (If plural births) 4. Twin, triplet, or other ..... 5. Number in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth 7/10, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Leo James Stocks	18. Full maiden name Adelaide Calvert
10. Residence (usual place of abode) (If non-resident, give place and State) Salem, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Salem, Ida
11. Color or race White | 12. Age at last birthday 41 (years)	20. Color or race White | 21. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or country)	22. Birthplace (city or place) (State or country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work June 9, 1935 | 17. Total time (years) spent in this work 20	25. Date (month and year) last engaged in this work June 9, 1935 | 26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) ..... , M. D.

or ..... , Midwife

Address .....

Filed June 13, 1935 Pearl Dillingham
State Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

Mrs Alfeta Roylance Three [redacted] Forks mont

Mrs Jaunita Jensen Three Forks mont

Mrs Adelaide Smith Whitehall mont

553-127.001-238

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

233858

1. PLACE OF BIRTH
County Ada
City or Town Boise
No. Rt 5 St.
(If born in hospital or institution give name.)

Registration District No. 8 State File No.
Prim. Registration District No. 1004 Local Registrar's No. 10

2. FULL NAME OF CHILD Harold Nelson

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate?	8. Date of birth (Month, Day, Year)
m.			Full term		Dec 27, 1912

FATHER	MOTHER
9. Full name Sam. A. Nelson	18. Full maiden name Rosa Schanfelberger
10. Residence (usual place of abode) (If non-resident, give place and State) Rt 5 Boise Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida.
11. Color or race W. 12. Age at last birthday 38 (years)	20. Color or race W. 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or country) Mason	22. Birthplace (city or place) (State or country) Colo.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Painter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argno 3 1% D

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... months or weeks

30. Cause of stillbirth ... Before labor ... During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at [illegible] m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Boeth, M. D.

or ..., Midwife

Address Boise Idaho

Give name added from a supplemental report ...
(Date of)

Filed 7-11, 1913 L. Sharp
Registrar.

...
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

FEB 11 1947

MAY 7 1963

APR 26 1957

JUL 14 1972

Permission to correct date given by Dr. Boeck's office 9/9/41 - Z.J.

5.

DELAYED

719-193-028 AUG 3 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

234424

1. PLACE OF BIRTH
County of Kootenai
City of Worley Ida
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 30 State File No. .....
Prim. Registration District No. 1050 Local Registrar's No. 543

2. FULL NAME OF CHILD Willard H Parsons

3. Sex Male | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Nov 13, 1932 (Month, Day, Year)

FATHER

9. Full name J. R. Parsons
10. Residence (usual place of abode) near Worley (If non-resident, give place and State) Ida
11. Color or race Wht | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or country) Ill

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓
16. Date (month and year) last engaged in this work still at it, 19.....
17. Total time (years) spent in this work 34 yrs

MOTHER

18. Full maiden name Ada Holsten
19. Residence (usual place of abode) near Worley (If non-resident, give place and State) Ida
20. Color or race Wht | 21. Age at last birthday 37 (years)
22. Birthplace (city or place) (State or country) Mo

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child) 8 (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn ✓
29. If stillborn, period of gestation ✓ months or weeks | 30. Cause of stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) L Clanton, M. D.
or ....., Midwife
Address Rockford Wn
Filed 7-5-35, 193 E. L. Spohn M.D. Registrar.

Give name added from a supplemental report ..... (Date of)
..... Registrar.

at time of this birth Children from this locality were not Registered L Clanton

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 11 1942.

463-126 035-615

236698

1. PLACE OF BIRTH

County of Nez Perce

City of Peck

No. Village St.

(If born in hospital or institution give name.)

OCT 26 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

236698

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wilbur John Doty

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth July 26 1912 (Month, Day, Year)

FATHER

9. Full name Charles Robert Doty

10. Residence (usual place of abode) (If non-resident, give place and State) Peck Idaho

11. Color or race White 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Bentinville Ark.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Myra Elizabeth Vantyl

19. Residence (usual place of abode) (If non-resident, give place and State) Peck Idaho

20. Color or race White | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Gousil. Kansas Marion Co Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 5

(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or [redacted])

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Myra E Doty Mother ~~M.D.~~

or ....., ~~Midwife~~

Address Bluffton, Alta, Canada

Filed ....., 1935

Registrar.

Give name added from a supplemental report .....

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs Bechamp

Mrs Farley.

Mrs Wooden

OCT 28 1935 RECEIVED

236699

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine

City of Hailey

No. 716-218007-386 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 236699

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Louise Sawyer

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
F	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term Yes	Yes	Feb. 18, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Alma Cohen Marsh Sawyer	18. Full maiden name Rose Viola Thompson
10. Residence (usual place of abode) (If non-resident, give place and State) Hailey, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Hailey Idaho
11. Color or race White | 12. Age at last birthday 37 (years)	20. Color or race White | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Malad Idaho	22. Birthplace (city or place) (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Wholesale house	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Feb., 1912	17. Total time (years) spent in this work Three
25. Date (month and year) last engaged in this work Feb., 1912	26. Total time (years) spent in this work Two

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother First Child (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 11:12 p m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) ....., M. D.

or Rose Sawyer, Mother, Midwife

Address Cascade, Idaho

Filed Oct, 1935

Registrar.

Mrs. A. J. Thompson, Grandmother
Mr. A. J. Thompson, Grandfather

Present address Bellevue, Idaho

FEB 14 1973

MAR 17 1975

353 213 040-255

236717

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 236717

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD HANNAH (HENNIE) PRAWDZIC TELL

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
FEMALE					YES	OCT. 13, 1912

	FATHER	MOTHER
9. Full name	Julius Prawdzic Tell	
18. Full maiden name		Stephanie Bentkowskie
10. Residence (usual place of abode) (If non-resident, give place and State)	Kellogg, Ida.	
19. Residence (usual place of abode) (If non-resident, give place and State)		Kellogg, Ida;
11. Color or race	W	
12. Age at last birthday	27 (years)	
20. Color or race		W
21. Age at last birthday		26 (years)
13. Birthplace (city or place) (State or country)	Warsaw, Poland	
22. Birthplace (city or place) (State or country)		Warsaw, Poland
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Millman	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
16. Date (month and year) last engaged in this work	....., 19.....	
17. Total time (years) spent in this work		
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
25. Date (month and year) last engaged in this work		....., 19.....
26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Julius Prawdzic Tell (Father) M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed Oct, 1936

..... Registrar.

..... Registrar.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made number of each in order of birth, stated

NOV 28 1946

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

995-106 022-249

1. PLACE OF BIRTH

County of Fremont

City of Chester

No. ____ St. ____

(If born in hospital or institution give name.)

DEC 27 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

238403

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Glenwood H. Hines

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			yes	May 6, 1912, 193

FATHER	MOTHER
9. Full name: William Ernest Hines	18. Full maiden name: Mayette Marie Burkdoll
10. Residence (usual place of abode) (If non-resident, give place and State): Chester Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Chester, Ida.
11. Color or race: W / 12. Age at last birthday: 36 (years)	20. Color or race: W / 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Ohio	22. Birthplace (city or place) (State or Country): Richmond, Kansas
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: ____, 19____	25. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Signed) Glenwood H. Hines M.D.

or L. L. Peyney Licensed Midwife

Address Owens Hart-Scott Co

Filed 2,5 Market St

Registrar.

12/27/35 San Francisco Calif Registrar.

SEP 10 19

OCT 1 19

433/109 023 763

238404

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gem
City of Emmett
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 238404
CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mojanet Mc Crosky

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? yes
8. Date of birth Aug. 9, 1912 (Month, Day, Year) 193...

FATHER	MOTHER
9. Full name: Samuel Byron McCrosky	18. Full maiden name: Margaret Eva Potter
10. Residence (usual place of abode) (If non-resident, give place and State): Emmett, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Emmett, Ida
11. Color or race: W. | 12. Age at last birthday: 31 (years)	20. Color or race: W. | 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or country): Ohio	22. Birthplace (city or place) (State or country): Nebraska
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc:
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 10 P. (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Margaret McCrosky Mother M. D.
or 0, Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 12/28/35, 193... .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

239197

JAN 22 1936 RECEIVED

1. PLACE OF BIRTH
County of Bannock
City of Soda Springs
No. 296-230-003-238 St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Vera Maria Biorn

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	____	yes	Apr. 30, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Paul Revere Biorn	18. Full maiden name: Maria Emma Schrier
10. Residence (usual place of abode) (If non-resident, give place and State): Soda Spgs, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Soda Spgs, Ida
11. Color or race: W | 12. Age at last birthday: 29 (years)	20. Color or race: W | 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Mink Creek, Idaho	22. Birthplace (city or place) (State or Country): Rinkldinjin, Switzerland
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teamster	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Freighting	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: At Home
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 A. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Ellis Kackley, M. D.
or ____, Midwife
Address Soda Springs Idaho

Filed Jan, 1936

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of)

Registrar.

DELAYED

DUP OF 1912-5626

416-211005-799

240108

1. PLACE OF BIRTH

County of

City of Emida

No. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 3 1936 RECEIVED

CERTIFICATE OF BIRTH 240108

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Dorothea Charlotte Dawson

3. Sex female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term X

7. Legitimate? yes

8. Date of birth Jan. 11, 1912 (Month, Day, Year)

FATHER

9. Full name William Dawson

10. Residence (usual place of abode) (If non-resident, give place and State) Emida

11. Color or race white 12. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or country) Carthage Jasper Co., Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc farm

16. Date (month and year) last engaged in this work January, 1912

17. Total time (years) spent in this work 27

MOTHER

18. Full maiden name Martha Jane Griffith

19. Residence (usual place of abode) (If non-resident, give place and State) Emida

20. Color or race white 21. Age at last birthday 43 (years)

22. Birthplace (city or place) (State or country) Clarksville Pike Co., Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work January, 1912

26. Total time (years) spent in this work 24

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Martha Jane Dawson Mother, M. D.

Address Emida, Idaho

Filed 3/3/36, 193

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs. Charles Mc Cracken
Emida, Idaho.

Mrs. M. J. Tedgerwood
General Delivery.
Pierce, Montana.

Mrs. Allan M. English
Emida, Idaho.

APR 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 40895

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene Reservation
No. 538-219-028-615 St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Phyllis Marguerite Ethredge

3. Sex: Female
If plural births: 4. Twin, triplet, or other: —; 5. Number, in order of birth: —
6. Premature: — Full term: Yes
7. Legitimate? Yes
8. Date of birth: Aug. 19, 1912 (MONTH, DAY, YEAR)

FATHER

9. Full name: John Henry Ethredge
10. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Ida.
11. Color or race: White
12. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or country): St. Clair Co. Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farm
16. Date (month and year) last engaged in this work: Aug 19, 1912
17. Total time (years) spent in this work: 8

MOTHER

18. Full maiden name: Rose Marie Faerber
19. Residence (usual place of abode) (If non-resident, give place and state): Moscow Ida.
20. Color or race: White
21. Age at last birthday: 22 (years)
22. Birthplace (city or place) (State or country): Winnetoona Wash

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Home Keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
25. Date (month and year) last engaged in this work: April, 19
26. Total time (years) spent in this work: 2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: — (c) Stillborn: —
28. If stillborn, period of gestation: — (months or weeks)
29. Cause of stillbirth: — (Before labor: —; During labor: —)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (BORN ALIVE OR STILLBORN) at 8 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Rose Marie Ethredge (mother), ~~M. D.~~
or ____ Midwife
Address ____

Give name added from a supplemental report ____ (DATE OF)

Filed 6/6/36, 193___

Registrar. ____ Registrar.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

Potlatch Idaho.

I hereby certify that I have knowledge of the birth of Phyllis Marguerite Etheridge born on the Coeur d'Alene Reservation, Idaho on August 17, 1912, a.m.

Sign. Mrs C E Davis

Sign. Mrs J.H. Dorgan

State of Idaho (
County of Latah)

On this 3rd day of August in the year, 1931, appeared before me, H?H, Hanson, a notary public in and for the state and county, above mentioned Mrs. C.E.Davis and Mrs J.H.Dorgan, who are known to me tobbe the persons who signed the above instrument.

H H Hanson

MAY 1 6 1945

AUG 28 1961

314 - 1 Co 1005-812

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Benewah
City of St. Maries
No. ..... St. .....
(If born in hospital or institution give name.)

APR 10 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

241073

CERTIFICATE OF BIRTH

Registration District No. 32 State File No. .....
Prim. Registration District No. 2049 Local Registrar's No. 11

2. FULL NAME OF CHILD John Wiman Trueman

3. Sex Male | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth 1 | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth 12-2-1912 (Month, Day, Year)

FATHER

9. Full name Erastus Wiman Trueman
10. Residence (usual place of abode) St. Maries, Ida (If non-resident, give place and State) .....
11. Color or race W | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or country) Huntsville Ontario, Canada

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc cashier
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. bank
16. Date (month and year) last engaged in this work 12-5, 1935 | 17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Evelyn Andrews Hastings
19. Residence (usual place of abode) St. Maries, Idaho (If non-resident, give place and State) .....
20. Color or race W | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or country) Petoskey Michigan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work 12-2, 1911 | 26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%
28. Number of children of this mother (At time of this birth and including this child) One (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Owen D. Platt, M. D.
or ....., Midwife
Address St. Maries, Idaho

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Filed April 9, 1936 Walter Dolberg
Registrar

FEB 6 1973

NOV 9 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 241902

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Kootenai

City of St Maries Ida

No. 321-21 D28 695 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Louise Merle Crane

3. Sex girl

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth September 1, 1912 (Month, Day, Year)

FATHER

9. Full name Elias Mark Crane

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race ..... | 12. Age at last birthday ..... (years)

13. Birthplace (city or place) (State or Country) Spokane Wn

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Riverview Hall

16. Date (month and year) last engaged in this work Dec 20 ....., 1912

17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name Lillian A Wenger

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race ..... | 21. Age at last birthday ..... (years)

22. Birthplace (city or place) (State or Country) Chicago Ill

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Mrs Lillian A Crane (Mother), M. D.

or ....., Midwife

Address 1820 E 12th Spokane Wn

Filed May 11, 1936

Registrar.

JUL 10 1974

214-12-014-759

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. 607-14th Ave So
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

242741

242741

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jack Rudolph Bauman

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth March 21, 1922 (Month, Day, Year)

FATHER

9. Full name Oscar Bauman
10. Residence (usual place of abode) Nampa
(If non-resident, give place and State) Ida
11. Color or race white 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Highland
(State or country) Madison Co Ills

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 5 or 6

MOTHER

18. Full maiden name Etta May Perren
19. Residence (usual place of abode) .....
(If non-resident, give place and State) .....
20. Color or race White 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Longmont
(State or country) Colo

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2nd child
28. Number of children of this mother (At time of this birth and including this child) 2nd Child
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Geo. D. A. Kellogg, M. D.
or ....., Midwife
Address .....
Filed June 9, 1936

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

FEB 2 1944

666 [illegible] -037 369

MAY 26 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 243523

1. PLACE OF BIRTH
County of Owyhee
City of Cliffs
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Clyde C. Woods

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth March 31, 1912 (Month, Day, Year)

FATHER

9. Full name Ora M. Woods
10. Residence (usual place of abode) (If non-resident, give place and State) Cliffs, Ida.
11. Color or race W | 12. Age at last birthday 32 years)
13. Birthplace (city or place) (State or country) Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Blacksmith
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Carrie B. Cornish
19. Residence (usual place of abode) (If non-resident, give place and State) Cliffs, Ida
20. Color or race W | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or country) Australia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ora M. Woods, M. D.
or Father, Midwife
Address .....
Filed May 26, 1936 .....
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs John McBride Cliffs, Ont.
Mrs Olive Hardisty " "
Mrs Jela Hardisty " "

JUL 29 1963

863-113 010-386

243684

JUL 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

243684

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. 876 Park Ave. St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD LAWRENCE THOMAS HOLDEN

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth 9-13-1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Edwin McPherson Holden	18. Full maiden name: Julia Ethel Thomas
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
11. Color or race White 12. Age at last birthday 38 (years)	20. Color or race White 21. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or country) Ottumwa Iowa	22. Birthplace (city or place) (State or country) Parsons, Kans.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Lawyer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own office	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work 9-13-, 1912	17. Total time (years) spent in this work 12 yrs
25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work 11yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.

or ....., Midwife

Address .....

Filed July 6, 1936

Registrar.

Registrar.

Give name added from a supplemental report .....
(Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

919-101040-269

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

243703

1. PLACE OF BIRTH
County of Shoshone
City of Linfor JUL 15 1936 RECEIVED St.
No.

CERTIFICATE OF BIRTH 243703

Registration District No. ..... State File No. .....

(If born in hospital or institution give name.)

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wilho Mathew Rainio

3. Sex male | If plural births: 4. Twin, triplet, or other..... 5. Number, in order of birth..... | 6. Premature..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth Sept 1, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Albanus Rainio	18. Full maiden name Sofia Koivisto
10. Residence (usual place of abode) (If non-resident, give place and State) Linfor	19. Residence (usual place of abode) (If non-resident, give place and State) Linfor
11. Color or race white 12. Age at last birthday 38 (years)	20. Color or race white 21. Age at last birthday 29 (years)
13. Birthplace (city or place) Kangasala, (State or country) Finland	22. Birthplace (city or place) Kangasala, (State or country) Finland
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... woodsman	23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc. ..... housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... woods	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... own home
16. Date (month and year) last engaged in this work August, 1912	17. Total time (years) spent in this work 15
25. Date (month and year) last engaged in this work August, 1912	26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks | 30. Cause of stillbirth..... | Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs A Rainio, Mother

or ....., Midwife

Address Box 37, Dudley, Idaho

Give name added from a supplemental report.....

(Date of)

Filed July 15, 1936

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

Witnesses:

Mrs. Amelia Makela, - Star Route, Kellogg, Idaho.

Mr. Alex Jacobson, - Sinfor, Idaho.

Mr. Archie Jacobson, - Sinfor, Idaho.

165-204-00-863

#2 244593

JUL 31 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Ada County
City of Boise Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 244593

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Beulah Louise Jones

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? ..... | 8. Date of birth Jan 4, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Mr Albert K. Jones	18. Full maiden name Alvina Virginia Holtz
10. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida
11. Color or race Amer. 12. Age at last birthday 33 (years)	20. Color or race Amer. 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or country) Missouri USA	22. Birthplace (city or place) (State or country) Mitchell South Dakota USA
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. plain labor 16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... 25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report Mrs. Alvina J. Jones Mother
(Date of)

Filed Aug 5, 1936

..... Registrar. ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

383-101-035-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce

City of Lapwai

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1009 State File No. 246393

Prim. Registration District No. 96 Local Registrar's No. .....

2. FULL NAME OF CHILD Frank James Chladek

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan 1, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name James M. Chladek	18. Full maiden name Dorothy Anna Kalisek
10. Residence (usual place of abode) (If non-resident, give place and State) Lapwai	19. Residence (usual place of abode) (If non-resident, give place and State) Lapwai
11. Color or race W | 12. Age at last birthday 44 (years)	20. Color or race W | 21. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Bohemia	22. Birthplace (city or place) (State or Country) Bohemia
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work Life	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 11:10 P.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs James M Chladek, ~~M.D.~~
or ..... (Mother), ~~Midwife~~

Give name added from a supplemental report .....
(Date of)

Address .....

Filed Aug 20, 1936. M W Caskey M.C. Registrar.

..... Registrar.

899-205
001-769

247669

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

247669

NOV 14 1936 RECEIVED

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1165 Grove St
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Yriondo

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term ✓
7. Legitimate? ✓
8. Date of birth July 5, 1912 (Month, Day, Year)

FATHER

9. Full name Mateo Yriondo
10. Residence (usual place of abode) (If non-resident give place and State) .....
11. Color or race White 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or country) Spain

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Maire D. Goicoechea
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race W | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or country) Spain

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum 2% Silver Nitrate
28. Number of children of this mother (At time of this birth and including this child) 2 1
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Fred A. Peterson M. D.
or ....., Midwife
Address Boise Ida

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Nov. 14, 1936 Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

689-115 225-249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Benewah
City of St. Maries
No. ..... St.
(If born in hospital or institution give name.)

NOV 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

248642

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Willard Thomas White

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term X	7. Legitimate? yes	8. Date of birth Dec 15, 1912 (Month, Day, Year)
male				

	FATHER	MOTHER
9. Full name	Thomas C. White	18. Full maiden name: Maud L. Smith
10. Residence (usual place of abode) (If non-resident, give place and State)	St. Maries	19. Residence (usual place of abode) (If non-resident, give place and State) St. Maries Ida
11. Color or race	White	20. Color or race .....
12. Age at last birthday	39 (years)	21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or country)	Near Gallipolis Parke Co., Ohio	22. Birthplace (city or place) (State or country) Michigan
OCCUPATION 14. Trade, profession, or particular kind of work done, as farmer, sawyer, bookkeeper, etc.	Railroad Employee	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work	Dec, 1911	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	1	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Thomas C. White, M. D.
or Father Midwife
Address Saint Maries, Idaho
Filed Nov. 12, 1936

Give name added from a supplemental report ..... (Date of) .....

Registrar.

Registrar.

Mrs A. F. Swisher St Marys. Ida.

H. B. Caines

Mrs Willéone Freeman

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 248642

County of Benewah } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Willard Thomas White (Name on Original Certificate) who Was Born (Was Born or Died) on Dec. 15, 1912 (Date of Event)

in St. Maries, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baby Book & Ins. Policy (Bible Record, Insurance Policy, Etc.) prepared on Baby Book--3/20/13 Ins. Policy--7/27/38 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Dec. 15, 1914	Dec. 15, 1912

Subscribed and sworn to before me this 11th day of March, 1947

E. Cockcroft

Notary Public, residing at St Maries Ida

My commission expires 2-7-45

(Seal)

Signed Thomas C. White father

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St. Maries, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Benewah }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 11th day of March, 1947

E. Cockcroft

Notary Public, residing at St Maries Ida

My commission expires 2-7-45

(Seal)

Signed Mrs. Esther Whitehead

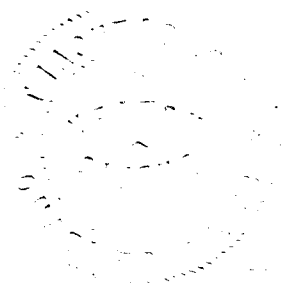
(Signature of Any Credible Person Other Than Previous Year)

St. Maries, Idaho.

(Street Address, City, State)

MAR 19 1942

JAN 14 1949



113-109023-318

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of GEM
City of EMMETT
No. ..... St.
(If born in hospital or institution give name.)

JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

64 9736.

249736

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD JAMES ROBERT JACKMAN

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term — | 7. Legitimate? Yes | 8. Date of birth JAN 9, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name WILLIAM ELLIS JACKMAN	18. Full maiden name NELLIE ELIZABETH CAHILL
10. Residence (usual place of abode) (If non-resident, give place and State) DECEASED	19. Residence (usual place of abode) (If non-resident, give place and State) [illegible]
11. Color or race White 12. Age at last birthday 48 (years)	20. Color or race W 21. Age at last birthday 49 (years)
13. Birthplace (city or place) (State or country) CRYSTAL LAKE, ILL.	22. Birthplace (city or place) (State or country) ALTON, ILL.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc LAUNDRYMAN FARMER	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc. HOUSE WIFE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. LAUNDRY	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME
16. Date (month and year) last engaged in this work APRIL, 19[illegible] 17. Total time (years) spent in this work 10 yrs	25. Date (month and year) last engaged in this work HOUSEWIFE NOW. 26. Total time (years) spent in this work 50

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 12 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Nellie E Jackman
or MOTHER
Address 1165 Ellis St. S.F. Cal.

Give name added from a supplemental report .....
(Date of)

Filed 1/11/37, 193.....

Registrar. Registrar.

Mrs. Nettie Bogardus
last heard of - employed at
Rosebud Cafe - Main St., Boise, Idaho.

Mrs. Allman
address unknown
Boise, Idaho

Mrs. Turner, nurse,
Emmett, Idaho.

Dr. Cummings,
Emmett, Idaho

465 111 009-755

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Hope
No. ..... St.
Idaho
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 249744

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Oran Wesley Dover

3. Sex: Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 5 | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Feb. 11th 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Solomon Wesley Dover	18. Full maiden name: Emaline Elizabeth Penn
10. Residence (usual place of abode) (If non-resident, give place and State): Hope	19. Residence (usual place of abode) (If non-resident, give place and State): Hope
11. Color or race: white 12. Age at last birthday: 47 (years)	20. Color or race: white 21. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or country): Irvington Ill Missouri	22. Birthplace (city or place) (State or country): Quincy Missouri
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc:	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work: December 1915	25. Date (month and year) last engaged in this work: January, 1937
17. Total time (years) spent in this work: 5	26. Total time (years) spent in this work: 46

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): five
(a) Born alive and now living: yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Emaline E. Coffey (Mother) M. D.

or ....., Midwife

Address S. - 1126 ash. Spokane Wash

Give name added from a supplemental report .....

(Date of) .....

Filed 1/13/37, 193..... .....

Registrar. Registrar.

APR 1 4 1972

G. H. Jaynes
(3)
880 Bonneville
Pasco Wash.

Rome Webster
Lewiston Idaho.

T. E. Glover
Box 404
Lewiston Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250143

1. PLACE OF BIRTH
County of Caribou (Bannock)
City of Soda Springs, Idaho
No. 266-224 015-962 St.
Caribou County Hospital
(If born in hospital or institution give name.)

Registration District No. 82 State File No.
Prim. Registration District No. 2159 Local Registrar's No. 52

2. FULL NAME OF CHILD Bessie Muriel Bowden

3. Sex Female | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term * | 7. Legitimate? Yes | 8. Date of birth June 24, 1932 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Fredrick Bowden	18. Full maiden name Bessie Roberts
10. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs	19. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs, Ida
11. Color or race W | 12. Age at last birthday 26 (years)	20. Color or race W | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Colorado	22. Birthplace (city or place) (State or Country) T bor, Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..., 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ..., 19.. | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ... months or weeks | 30. Cause of stillbirth ... Before labor ... During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at ... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Ellis Kackley M.D. [signature], M. D.
or ..., Midwife
Address Soda Springs, Idaho

Give name added from a supplemental report ...
(Date of)
... Registrar.

Filed 12-6, 1936 Dr Russell Tegert Registrar.

JAN 29 1943

DELAYED

DELAYED

WRONG SEX ON ORIGINAL?

DUP OF 12-6770

349-216-042-719 RECEIVED MAR 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 251581

1. PLACE OF BIRTH
County of FREMONT
City of LAKE, Post Office
No. On our homestead (ranch) St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Belva Pearl Curteman

3. Sex Girl | If plural births {4. Twin, triplet, or other ____ 5. Number, in order of birth ____} | 6. Premature ____ Full term yes | 7. Legitimate? Yes | 8. Date of birth Oct. 16, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Walter P. Curteman	18. Full maiden name Margaret Parrington
10. Residence (usual place of abode) (If non-resident, give place and State) Lake Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Lake, Ida.
11. Color or race White | 12. Age at last birthday 35 (years)	20. Color or race White | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Nevada Missouri	22. Birthplace (city or place) Turtle Lake P.O. (State or Country) McLean Co. N. Dakota.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper in my own home
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Oct 1, 1928	17. Total time (years) spent in this work 18 yrs.
	25. Date (month and year) last engaged in this work Present, 19
	26. Total time (years) spent in this work From 1907 to present.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother TWO (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ {months or weeks} | 30. Cause of stillbirth ____ {Before labor ____ During labor ____}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
Registrar.

(Signed) Margaret Curteman (Mother) M.D. or Walter P. Curteman (Father) Midwife
Address 418 North Wallace Ave.
Filed MAR 9 1937, 19__ Bozeman - Montana.
Registrar.

RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than e child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

Addresses of people who knew of Birth.

Mrs. Katy Murray - West Yellowstone, Montana

Mrs. Jay Whitman - West Yellowstone - Mont.

Mrs. Esther Logan, 433 N. Black
Bozeman, Montana.

AFFADAVIT.

I,Elizabeth Oswald,of Ennis,Madison County,Montana, do hereby solomly swear and affirm that my name is Elizabeth Oswald,That I reside now at Ennis,Madison County, Montana. That I formerly resided at Lake,I daho,That I was present and acted as nurse at the time of birth of Belva Curteman which was on October 16,1912 at Lake,State of Idaho. That her mothers name is Margaret Curteman and her Fathers name is Walter P. Curteman,both of whom now reside at Bozeman,Montana.

Dated this 2nd Day of March 1937.

Mrs Elizabeth [illegible]

State of Montana ss
County of Madison

On this 2nd Day of March 1937,before me,Hugh C.Wakefield a Notary Public in and for the State of Montana,personally appeared Elizabeth Oswald known to me personally to be the person who subscribed her name to the above affadavit and who acknowledged to me that the facts contained therein are true.

Hugh C. Wakefield

NOTARY PUBLIC for the State of Montana
Residing at Ennis, Montana
My Commission Expires July 21st, 1937

381-21-101-369

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

251605

FEB 20 1937

1. PLACE OF BIRTH
County of Ada
City of Boise, Idaho
No. St. Alphonsus Hospital St.
(If born in hospital or institution give name.)
Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Mary Charters

3. Sex F. | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? ____ | 8. Date of birth 4-17, ~~193~~ 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name William D. Charters	18. Full maiden name LizzieLorey
10. Residence (usual place of abode) (If non-resident, give place and State) Middleton	19. Residence (usual place of abode) (If non-resident, give place and State) Middleton
11. Color or race W | 12. Age at last birthday 35 (years)	20. Color or race W | 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Placerville, Ida.	22. Birthplace (city or place) (State or Country) Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks | 30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Dr. George Collister, M. D.
or W. D. Charters Father, Midwife
Address ____

Filed Feb. 20- 37, 193____

Registrar. Registrar.

JUL 1 8 1968

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

847-209-043-267

1. PLACE OF BIRTH

County of Valley

City of Donnelly Roseberry

No. ____ St.

Idaho

(If born in hospital or institution give name.)

RECEIVED MAR 23 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

N 2436

252436

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Grace Annakee Hughes

3. Sex Female

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth 4

6. Premature — Full term yes

7. Legitimate? yes

8. Date of birth April 9, 1932 (Month, Day, Year)

FATHER

9. Full name Joel Devault Hughes

10. Residence (usual place of abode) (If non-resident, give place and State) Roseberry Idaho

11. Color or race white 12. Age at last birthday 51 (years)

13. Birthplace (city or place) (State or Country) Shreve Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work 12

MOTHER

18. Full maiden name Anna Mathilde Boppe Hughes

19. Residence (usual place of abode) (If non-resident, give place and State) Roseberry Idaho

20. Color or race white 21. Age at last birthday 38 (years)

22. Birthplace (city or place) (State or Country) Hawkeye Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work April 12, 1932

26. Total time (years) spent in this work 19—

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother four. (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — { months or weeks

30. Cause of stillbirth — { Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 7 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Anna M. Hughes mother, M. D.

or ____, Midwife

Address Donnelly Idaho

Give name added from a supplemental report ____ (Date of)

Filed ____, 193____

Registrar.

MAR 23 1937

Registrar.

Mrs. Belle Jensen. Donnelly - Idaho

Mr. Chas. Barker Roseberry Idaho.

Mrs. R. B. Halferty Donnelly Idaho.

239-112-011-215

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of BOUNDARY
City of BONNERS FERRY
No. ____ St. ____
(If born in hospital or institution give name.)

RECEIVED
MAR 29 1937

STATE OF IDAHO 252449
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 252449
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD STANLEY ELMER STROM

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
MALE	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term yes	yes	DEC-12, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name GUST. H. STROM	18. Full maiden name ADINA E. SANDSTROM
10. Residence (usual place of abode) (If non-resident, give place and State) BONNERS FERRY	19. Residence (usual place of abode) (If non-resident, give place and State) Bonners Ferry Idaho
11. Color or race WHITE | 12. Age at last birthday 22 (years)	20. Color or race WHITE | 21. Age at last birthday 16 (years)
13. Birthplace (city or place) (State or Country) SWEDEN	22. Birthplace (city or place) (State or Country) SWEDEN
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MILL WORKER	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. SAW MILL	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME
16. Date (month and year) last engaged in this work DECEMBER, 1912	17. Total time (years) spent in this work 3 yrs THREE yrs.
25. Date (month and year) last engaged in this work DECEMBER, 1912	26. Total time (years) spent in this work ONE

27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNKNOWN

28. Number of children of this mother ONE (At time of this birth and including this child) (a) Born alive and now living ONE (b) Born alive but now dead ONE (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN-ALIVE at 9:30 A.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ADINA E STROM (mother)
(Date of)

(Signed) ____, M. D.
or Adina E Strom (Mother) Midwife
Address 435-1st Ave West Seattle, Wash.

Filed MAR 29 1937, 193 ____

Registrar. Registrar.

Mrs Herbert Carlson - Sand Point, Idaho
Mrs Martha Sandstrom 1827 Virginia Ave, Everett, Wash.
Mrs. Kristina Westerlund - Bonners Ferry, Idaho.

JAN 6 1943

855-223 025-389

25 3522

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of Steles

No. ..... St.

(If born in hospital or institution give name.)

APR 27 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 253522

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Josephine Marguerite Henken

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Dec. 23, 1912 (Month, Day, Year)

FATHER

9. Full name Fred Henry Henken

10. Residence (usual place of abode) (If non-resident, give place and State) Steles Ida

11. Color or race White | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Oldenburg Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work All Life

MOTHER

18. Full maiden name Minna Christiansen

19. Residence (usual place of abode) (If non-resident, give place and State) Steles Ida

20. Color or race White | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Davenport, Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 26

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Seven

(a) Born alive and now living 6 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Fred Henry Henken father.

or ....., Midwife.

Address RECEIVED Carey, Ida

Give name added from a supplemental report .....
(Date of)

Filed APR 27 1937, 193.....

Registrar.

Registrar.

Mrs. Swinehart, Stites, Ida.
Mr. Emery Flynn, Stites, Ida
Mrs Emery Flynn, Stites, Ida.

APR 22 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH** 719 726 528-349

County of Kootenai

City of Coeur d' Alene, Idaho

No. Turner Bay, St. Coeur d'Alene Lake

(If born in hospital or institution give name.)

MAY 7 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 254164

Registration District No. 30 State File No.

Prim. Registration District No. 1050 Local Registrar's No. 76

2. **FULL NAME OF CHILD** Clarence Oscar Garrels

3. Sex: male

If plural births: 4. Twin, triplet, or other.....; 5. Number, in order of birth.....

6. Premature: no Full term: yes

7. Legitimate? yes

8. Date of birth: Jan. 26, 1912 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Charles John Garrels	18. Full maiden name: Florence Isabell Turner
10. Residence (usual place of abode) (If non-resident, give place and State)	Coeur d'Alene	19. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene
11. Color or race	white	20. Color or race: white
12. Age at last birthday	27 (years)	21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country)	Manning, Iowa	22. Birthplace (city or place) (State or Country): Leadville, Colorado
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Teamester	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work	present work, 19	25. Date (month and year) last engaged in this work: present work, 19
17. Total time (years) spent in this work	17 7	26. Total time (years) spent in this work: Same

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation none (months or weeks)

30. Cause of Stillbirth none — During labor none; Before labor none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11:00 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Charles John Garrels (Father), M. D.

or ....., Midwife

Address 720 Second St., Coeur d'Alene, Idaho

Filed April 7, 1937 Dr F. F. Manning

Registrar.

Certified copy issued 2-17-1941. dp

249-201 021-862

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

254518

1. PLACE OF BIRTH

County of Franklin, formerly ~~Oneida~~ Co.

City of Preston Idaho.

No. Main Street. St.

(If born in hospital or institution give name.)

JUN 7 - 1937

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gwen Hobbs Smith

3. Sex	If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ...	6. Premature ... Full term yes	7. Legitimate? yes	8. Date of birth April 1st 1912 (Month, Day, Year)
Female				

FATHER

9. Full name: Absalom Carlos Smith

10. Residence (usual place of abode) (If non-resident, give place and State): Logan, Utah.

11. Color or race: White 12. Age at last birthday: ~~65~~ 40 (years)

13. Birthplace (city or place) (State or Country): Draper, Utah.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: June, 19 17

17. Total time (years) spent in this work: 14 years

MOTHER

18. Full maiden name: Melissa Hobbs

19. Residence (usual place of abode) (If non-resident, give place and State): Logan, Utah.

20. Color or race: White 21. Age at last birthday: ~~56~~ 40 (years)

22. Birthplace (city or place) (State or Country): Franklin, Idaho Franklin Co.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: January 7th. 19 37 Died.

26. Total time (years) spent in this work: 45

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child): Four

(a) Born alive and now living Four (b) Born alive but now dead none (c) Stillborn

29. If stillborn, period of gestation ... months or weeks

30. Cause of stillbirth ... Before labor ... During labor ...

Physician Dead. Father

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 A.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ...
(Date of)

(Signed) Absalom Carlos Smith, M. D.

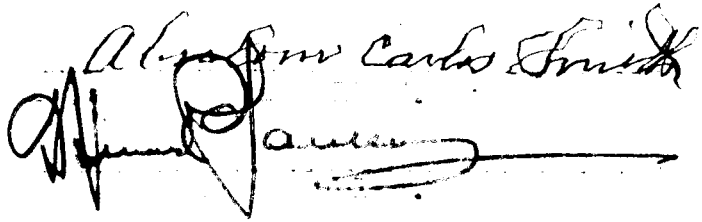
or ..., Midwife

Address Logan, Utah

Filed JUN 7 - 1937, 193...

Registrar.

Registrar.



May 13th 1940

JUL 12 1943

249-127023212

255427

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 255427

JUN 17 1937

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gem
City of Emmett
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Wayne Burr Smith

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth June 27 1932 (Month, Day, Year)

FATHER

9. Full name Charles Frederick Smith
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida
11. Color or race W | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or country) Laurence Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Edith May Baker
19. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida
20. Color or race W | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or country) Mc Minnville, Tenn

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% I Ag Silver Nit.
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8 P 1932 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. L. Reynolds, M. D.
or ....., Midwife
Address Emmett Idaho

Give name added from a supplemental report .....
(Date of)

Filed 6-4-, 193.7 J. L. Reynolds
Registrar.

..... Registrar.

465-220-005-951

1. PLACE OF BIRTH

County of Benewah

City of St Maries

No. 235 N. Coeur d'Alene St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 19 1937

256429

CERTIFICATE OF BIRTH

256429

Registration District No. 32 State File No.

Prim. Registration District No. 2049 Local Registrar's No. 1

2. FULL NAME OF CHILD Lillian Agnes Donovan

3. Sex F

If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth 7 20, 1912 (Month, Day, Year)

FATHER

9. Full name Michael H Donovan

10. Residence (usual place of abode) St Maries (If non-resident, give place and State) Ida

11. Color or race W | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Wisconsin (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yard conductor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. R.R.

16. Date (month and year) last engaged in this work July, 1912

17. Total time (years) spent in this work 12 yrs

MOTHER

18. Full maiden name Lillian L. Reardon

19. Residence (usual place of abode) St Maries, Ida (If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) Wisconsin (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work July, 1912

26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Defiance Sol

28. Number of children of this mother 2 (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 9 P m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Owen D. Platt, M. D.

or ....., Midwife

Address St Maries, Ida.

Give name added from a supplemental report .....

(Date of)

Filed July 15, 1937 Walter Roberg
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

168-12-025-168

RECEIVED JUL 24 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

256439

Registration District No. ____ State File No. ____

(If born in hospital or institution give name) Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Idaho
City of Kamiah
No. ____ St. ____
Idaho

2. FULL NAME OF CHILD Clyde Arthur Johnson

3. Sex Male

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth July 12, 1912 (Month, Day, Year)

FATHER

9. Full name William Arthur Johnson

10. Residence (usual place of abode) (If non-resident, give place and State) ____

11. Color or race White | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Waterville Kansas Marshall County.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work March, 1917 | 17. Total time (years) spent in this work 12 years

MOTHER

18. Full maiden name Vinnie Rene Johnson

19. Residence (usual place of abode) (If non-resident, give place and State) ____

20. Color or race White | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Mercyville Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work March, 1917 | 26. Total time (years) spent in this work 12 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) William Arthur Johnson, father

or ____, Midwife

Address Kamiah - Idaho

Give name added from a supplemental report ____

(Date of) ____

Filed RECEIVED JUL 24 1937, 1912

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Coos } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Vinnie R. Johnson being first duly sworn says that
lyde Arthur Johnson ~~son~~ son is the (Relationship of child)* of the affinant herein Vinnie R. Johnson
born July 12th 1912 (Date of birth) at Kamiah, Idaho,
whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Clyde Arthur Johnson
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Edward Taylor M. D. was the Midwife
medical attendant at the birth of said Clyde Arthur Johnson and that
the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Vinnie R. Johnson
P. O. Address Box 536, Marshfield, Oregon

Subscribed and sworn to before me this 20th day of July, 19 37

Edward D. Joehnk
for Oregon, Notary Public.
Residing at Marshfield, Oregon, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Comm. exp. May 31, 1939,

NOV 1 0 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

719-17-028-252

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257210

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d' Alene
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
AUG 5 - 1937

Registration District No. 30 State File No. .....
Prim. Registration District No. 1050 Local Registrar's No. 165

2. FULL NAME OF CHILD Esmond Charles Partington

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Jan. 13, 1912 (Month, Day, Year)

FATHER

9. Full name: Frederick George Partington

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d' Alene

11. Color or race White | 12. Age at last birthday 41 (years)

13. Birthplace (city or place) Liverpool, (State or Country) England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real estate

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. dealer

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Bertha Sybil Best

19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d' Alene

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Dunn County, (State or Country) Wisconsin

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Jan. 12, 1912

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Dr. Hunter (deceased), M. D.
or Bertha Sybil Partington mother
Address Mount Vernon, Washington
Filed July 8, 1937 Dr. G. G. Hunter
Registrar.

415-119040-695

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone,

City of Richfield.

No. ..... St.

Idaho.

(If born in hospital or institution give name.)

AUG 21 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

25458
25752

Registration District No. ..... State File No. 257527

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Leonard Leroy Davis

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth Aug 19, 1912 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name Mr James Edward Davis	18. Full maiden name Miss Eva Field
10. Residence (usual place of abode) (If non-resident, give place and State) Richfield	19. Residence (usual place of abode) (If non-resident, give place and State) Richfield
11. Color or race white 12. Age at last birthday 53 (years)	20. Color or race white 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Howard Co, Kansas	22. Birthplace (city or place) (State or Country) Chanute Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm work.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeping
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. worked out in Home
16. Date (month and year) last engaged in this work Oct., 1927	17. Total time (years) spent in this work .....
25. Date (month and year) last engaged in this work 13 Feb, 1905	26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Born Alive or Stillborn) at early a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....
Registrar.

(Signed) Dr Davis, M. D.

or ....., Midwife

Address Richfield Idaho.

Filed AUG 21 1937 193 Pearl Dillingham
State Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eva Field Davis being first duly sworn says that

She is the mother (Relationship of child)* of Leonard Leroy Davis

born August 19, 1912 (Date of birth) at Pinehurst, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Leonard Leroy Davis

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Davie M. D. was the ~~Midwife~~ medical attendant at the birth of said Leonard Leroy Davis and that the said medical attendant ~~is~~ cannot be located at present (Now deceased (or) cannot be located)

Name of Affiant Eva Field Davis

P. O. Address 112 Columbus Ave, Medford Ore

Subscribed and sworn to before me this 19th day of August, 1937

L. O. Grey
Notary for Oregon Notary Public.

Residing at Medford Oregon, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My commission expires Sept 16, 1939

863-197-000-412

25-04-47

257538

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257533

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. ____ St.
Bunders Hospital
(If born in hospital or institution give name.)

Registration District No. 123 State File No. ____
Prim. Registration District No. 2201 Local Registrar's No. 91

2. FULL NAME OF CHILD Theodore Holmberg

3. Sex M. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term X | 7. Legitimate? Yes | 8. Date of birth Oct. 7, 1912 (Month, Day, Year)

FATHER

9. Full name Theodor R. Holmberg
10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg
11. Color or race W. | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or country) Finland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miner
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Aina Makinen
19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg
20. Color or race W. | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or country) Finland

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 9 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____ M. D.
or Theodore R. Holmberg Father Midwife
Address ____

Give name added from a supplemental report ____ (Date of)

Filed Aug. 2, 1937 Mrs. Helen M. Buck
Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Michigan
County of Wayne } ss.

I Theodore R. Holmberg being first duly sworn says that he is the father (Relationship of child)* of Theodore Holmberg Jr. born Oct. 7, 1912 (Date of birth) at Kellogg, Idaho, whose certificate of birth is hereto attached, and that Theodore R. Holmberg desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Theodore Holmberg Jr. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Mac Cracken M. D. was the ~~Midwife~~ medical attendant at the birth of said Theodore Holmberg Jr. and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Theodore R. Holmberg

P. O. Address 651 W Hancock - Detroit, Mich.

Subscribed and sworn to before me this 27 day of August, 1937

Henry J Cohen
Notary Public.

Residing at Wayne County - Detroit ~~Idaho.~~ Mich.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 21 1943

JUL 20 1972

144-1-5-040-995

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
SEP - 8 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257565

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. _____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John William Judy

3. Sex Male | If plural births: 4. Twin, triplet, or other 1 / 5. Number, in order of birth _____ | 6. Premature _____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug. 15, 1912 (Month, Day, Year)

FATHER

9. Full name Clayton Judy
10. Residence (usual place of abode) (If non-resident, give place and State) resident
11. Color or race White | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Middletown Butler Co. Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. preacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Plymouth, Eng. Ch
16. Date (month and year) last engaged in this work present, 19____ | 17. Total time (years) spent in this work 8 yrs.

MOTHER

18. Full maiden name Jean Ivy Riebel (Judy)
19. Residence (usual place of abode) (If non-resident, give place and State) resident
20. Color or race White | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Kelly Dover, Ill.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work present, 19____ | 26. Total time (years) spent in this work 6 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Six
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks | 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Clayton Judy (Date of)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed SEP - 8 1937, 193____

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Shoshone } ss.

Clayton Judy being first duly sworn says that he is the father (Relationship of child)* of John William Judy born August 15, 1912 (Date of birth) at Kellogg, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**, and affiant further states that the facts contained in the certificate of birth of the said John William Judy hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Kenneth M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is now Deceased (Now deceased (or) cannot be located)

Name of Affiant Clayton Judy Father

P. O. Address 538 Spruce St Walla Walla, Wash

Subscribed and sworn to before me this 4 day of September, 1937

Notary Public.

Residing at Spokane, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1419-210009-995

RECEIVED

SEP 23 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

258546

1. PLACE OF BIRTH

County of

City of Priest River, Idaho

No. ____ St. ____

(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Rose Delina Marino

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term yes	yes	July 10th, 1912 (Month, Day, Year)

FATHER

9. Full name Angelo Raphael Marino

10. Residence (usual place of abode) (If non-resident, give place and State) Priest River Idaho

11. Color or race Italian 12. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or Country) Naples, Italy

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____ 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Maria Emmerenziana Zuino

19. Residence (usual place of abode) (If non-resident, give place and State) ____

20. Color or race Italian 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Naples, Italy

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____ 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed ____, 1937

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Whatcom } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Louis Marino being first duly sworn says that he is the brother (Relationship of child)* of Rose Delina Marino born July 10th, 1912 (Date of birth) at Priest River, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Rose Delina Marino hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that unknown M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant Louis Marino

P. O. Address Blaine Washington

Subscribed and sworn to before me this 19th day of September 1937, 19

[signature]
Notary Public in and for the State of Washington residing at Blaine, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

419-223043-281

258550

RECEIVED
SEP 24 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

258550

1. PLACE OF BIRTH
County of Valley
City of McCall
No. None St.
Streets not numbered
(If born in hospital or institution give name)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Blanche Annis Martin

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature No Full term Yes | 7. Legitimate? Yes | 8. Date of birth August 23, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Walter Edward Martin	18. Full maiden name Mary Shaw
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) Indian Valley Idaho
11. Color or race White | 12. Age at last birthday 30 (years)	20. Color or race White | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Ray County Missouri	22. Birthplace (city or place) (State or Country) Indian Valley Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Oct 1st, 1913 | 17. Total time (years) spent in this work 2 Years	25. Date (month and year) last engaged in this work Aug, 1912 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Born Alive or Stillborn) at 9:00 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Walter Edward Martin, M. D.
or ..... Father Midwife
Address Yakima Wash c/o J. E. Anderson R3 Box 1
Filed ....., 193.. .....
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

SEP 24 1937

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Yakima } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Walter Edward Martin being first duly sworn says that he is the father (Relationship of child)* of Blanche Annis Martin born Aug. 23, 1912 (Date of birth) at McCall, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Blanche Annis Martin hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ? - Matin M. D. was the ~~Midwife~~ medical attendant at the birth of said Blanche Annis Martin and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Walter Edward Martin
P. O. Address c/o J C Anderson RD#1 Yakima, Wash.

Subscribed and sworn to before me this 21st day of Sept, 1937

N D Crawford
Notary Public.

Residing at Yakima, Wash ~~, Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

717 214 019 851

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

258551

SEP 27 1937

1. PLACE OF BIRTH
County of Custer
City of Clayton Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edsie May Papworth

3. Sex: Female

If plural births: 4. ~~Twin, triplet, or other~~ ..... 5. Number, in order of birth .....

6. ~~Premature~~ Full term yes

7. Legitimate? Yes

8. Date of birth 5/14, 1912 (Month, Day, Year)

FATHER

9. Full name George Ellis Papworth
10. Residence (usual place of abode) (If non-resident, give place and State) Clayton, Ida.
11. Color or race White | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Ogden Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 22 yrs.

MOTHER

18. Full maiden name Daisy May Hearst
19. Residence (usual place of abode) (If non-resident, give place and State) Clayton, Ida.
20. Color or race White | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Cairo, Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 11 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid Solution

28. Number of children of this mother: five (At time of this birth and including this child) (a) Born alive and now living five (b) ~~Born alive but now dead~~ ..... (c) ~~Stillborn~~ .....

29. ~~If stillborn, period of gestation~~ ..... ~~months or weeks~~

30. ~~Cause of Stillbirth~~ ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 8:00 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(~~Signed~~) Mrs Francis Baker, M.D.
or Mrs Francis Cearley, Midwife
Address Clayton Idaho
Filed SEP 27 1937, 193 .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Kuna
No. 766-102001/168 St.
(If born in hospital or institution give name.)

RECEIVED
SEP 25 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

258590

Registration District No. 124 State File No.
Prim. Registration District No. 2202 Local Registrar's No.

2. FULL NAME OF CHILD Allen Oscar Powell

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec. 2nd, 1932 (Month, Day, Year)

FATHER	MOTHER
9. Full name Allen M. Powell	18. Full maiden name Anna Johnson
10. Residence (usual place of abode) (If non-resident, give place and State) Kuna, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Kuna, Ida
11. Color or race W	20. Color or race W
12. Age at last birthday 40 (years)	21. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or country) Barren County Kentucky	22. Birthplace (city or place) (State or country) Lockholm Sweden South Dakota
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver 1%

28. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Geo. O. A. Kellogg, M. D.
or ....., Midwife
Address [illegible]

Give name added from a supplemental report ..... (Date of)
Affidavit correcting place of birth of mother attached to #258591 Registrar.

Filed SEP 25 1937, 193.... Pearl Dillingham State Registrar.

319 230 028 593

RECEIVED
OCT 29 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259582

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 507 Lemmnit St.
(If born in hospital or institution give name)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Irene May Larson

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 30, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Knute H. Larson	18. Full maiden name: Anna C. Nilsen
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene
11. Color or race W | 12. Age at last birthday 28 (years)	20. Color or race W | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Sweden	22. Birthplace (city or place) (State or Country) Norway
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Present, 1912	17. Total time (years) spent in this work 10 years
25. Date (month and year) last engaged in this work Present, 1912	26. Total time (years) spent in this work 6 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11:30 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Anna C. Larson (Mother) ~~M. D.~~

or ..... Midwife

Address 1331 - 16th St. San Pedro, Calif.

Give name added from a supplemental report .....

(Date of) .....

Filed Oct, 1937

Registrar. .....

Registrar.

Names + Addresses of 3 people who Knew of this birth:

Mr. A. A. Braun 1047 Young Ave. Coeur d'Alene Idaho

Mrs. Alan Stowasser 525 Summit Ave. Coeur d'Alene, Idaho.

Mrs. John Larson 910 – 3rd St. Coeur d'Alene, Idaho

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ANNA C. LARSON being first duly sworn says that she is the Mother (Relationship of child)* of IRENE MAY LARSON born May 30, 1912 (Date of birth) at Coeur d' Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said IRENE MAY LARSON hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that John Busby M. D. was the ~~MIDWIFE~~ medical attendant at the birth of said Irene May Larson and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Anna C. Larson

P. O. Address 1331 W. 16th Street, San Pedro, California.

Subscribed and sworn to before me this 15th day of October, 1937

Notary Public
In and for the County of Los Angeles, State of California
Residing at San Pedro, California. ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

253-206023-713

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gem
City of Emmett
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 260154

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Laura Eliza Kelley

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	.....	Dec. 6, 1912 (Month, Day, Year) ✓

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Jason White Kelley	Sadie Patrick
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	Emmett	Emmett
11. Color or race / 20.	W	W
12. Age at last birthday (years) / 21.	36	30
13. Birthplace (city or place) (State or Country) / 22.	Emmett Idaho	Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	Rancher	Housewife
OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.		
OCCUPATION 16. Date (month and year) last engaged in this work / 25.	....., 19....	....., 19....
OCCUPATION 17. Total time (years) spent in this work / 26.		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Laura F. Kelley, M. D.
or Nurse, Midwife
Address Cascade, Idaho
Filed 11-4-37, 193....

Registrar.

MAY 2 1942

141-113-039-819

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
one child at birth a Separate Return must be made for each, and the number of ... in order of birth stated.

1. PLACE OF BIRTH
County of Payne
City of Rockland
No. ..... St.
(If born in hospital or institution give name.)

NOV 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 261407

Registration District No. 25 State File No. .....
Prim. Registration District No. 2072 Local Registrar's No. 91

2. FULL NAME OF CHILD Merle Adams

3. Sex: Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Sept 13, 1912 (Month, Day, Year)

FATHER

9. Full name Clement C. Adams
10. Residence (usual place of abode) Rockland Idaho (If non-resident, give place and State) .....
11. Color or race W. | 12. Age at last birthday 22 (years)
13. Birthplace (city or place) Montana (State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work May, 1912 | 17. Total time (years) spent in this work 2 yrs

MOTHER

18. Full maiden name Amanda Hartley
19. Residence (usual place of abode) Rockland Idaho (If non-resident, give place and State) .....
20. Color or race W. | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) Rockland Ida. (State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work May, 1912 | 26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 9 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Amanda Adams, M. D.
or (Mother) Midwife
Address Rockland Idaho
Filed 10-25-, 1937 Irene Paling Registrar.

Emily Lieh

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho,
County of Power, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Amanda Hartley Adams, being first duly sworn says that

is the Mother (Relationship of child)* of Merle Adams

born September 13th, 1912, (Date of birth) at Rockland, Idaho,

whose certificate of birth is hereto attached, and that Amanda Hartley Adams desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Merle Adams,

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Emily Lish, ~~XXX~~ was the Midwife medical attendant at the birth of said Merle Adams, and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Amanda Hartley Adams

P. O. Address American Falls, Idaho.

Subscribed and sworn to before me this 22nd day of November, 1937.

Notary Public.

Residing at American Falls, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

689-205-016-633

1. PLACE OF BIRTH
County of Cassia
City of Elba
No. ..... St. ..... (If born in hospital or institution give name.)

JAN 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

262022

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arlie Sophia Whitaker

3. Sex: FEMALE
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? .....
8. Date of birth Sept 5, 1937 (Month, Day, Year)

FATHER

9. Full name Don Jennings Whitaker
10. Residence (usual place of abode): (If non-resident, give place and State) Elba Idaho
11. Color or race white | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) Elba (State or Country) Cassia Co.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work ....., 1937
17. Total time (years) spent in this work 1 year

MOTHER

18. Full maiden name Florence Elizabeth Attby
19. Residence (usual place of abode): (If non-resident, give place and State) Elba Idaho
20. Color or race white | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Elba (State or Country) Cassia Co.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ....., 1937
26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) The first child
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 11 A m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ..... M. D.
or Annie M. Hubbard, Midwife
Address Elba Idaho

Filed Jan. 3, 1937 Pearl Dillingham State Registrar.

7-12-41

A168-110-031-259

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 8 1938

Registration District No. ____ State File No. 263545

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Lewis
City of WINCHESTER? IDAHO
No. ____ St. ____
AT HOME
(If born in hospital or institution give name)

2. FULL NAME OF CHILD FRANCIS VINCENT JOHNSON

3. Sex	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term X YES	7. Legitimate? X YES	8. Date of birth DEC 10 1912 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	SIMON A JOHNSON	18. Full maiden name MARY B KNIPPLING
10. Residence (usual place of abode) (If non-resident, give place and State)	30	19. Residence (usual place of abode) (If non-resident, give place and State) 30
11. Color or race	white	20. Color or race white
12. Age at last birthday	(years)	21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country)	MILWAUKEE?WISCONSIN	22. Birthplace (city or place) (State or Country) Farley, Iowa.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Lumber Grader and Photographer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. PHOTOGRAPHER HOUSEWIFE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work	MARCH 28 1926 1917	25. Date (month and year) last engaged in this work Feb 21 1938 1908
17. Total time (years) spent in this work	10	26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother THREE BOYS (At time of this birth and including this child) ONE
(a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____
(Date of)

Filed MAR 8 1938, 193__

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Dup of 1912-10811

DELAYED DUP OF 1912-10811

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Iowa
County of Dubuque } ss.

Mrs. Mary Johnson being first duly sworn says that

is the Son (Relationship of child)* of Mrs Mary Johnson — Mother

born Dec. 10 1912 (Date of birth) at WINCHESTER, Idaho,

whose certificate of birth is hereto attached, and that Francis Vincent Johnson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Francis Vincent Johnson

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Harris M. D. was the Midwife medical attendant at the birth of said Francis Vincent Johnson and that Dr. McLaughlin the said medical attendant is

~~(Now deceased~~ (or) ~~cannot be located)~~

Name of Affiant Mrs Mary Johnson mother

P. O. Address 340 8th ave Dubuque Iowa

Subscribed and sworn to before me this 18 day of March, 1938

Geo F Jansen
Notary Public.

Residing at Dubuque, Iowa.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

469-118-821-814

1. PLACE OF BIRTH

County of Franklin

City of

No. Preston St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 264536

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Preston Yoshio Morishige

3. Sex Male

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth

6. Premature; Full term

7. Legitimate? yes

8. Date of birth May 18, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Takejiro Morishige	18. Full maiden name: Chiyo Yamane
10. Residence (usual place of abode) (If non-resident, give place and State): Preston	19. Residence (usual place of abode) (If non-resident, give place and State): Preston
11. Color or race: Japanese	20. Color or race: Japanese
12. Age ~~at last birthday~~ 22 (years) in 1912	21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country): Japan	22. Birthplace (city or place) (State or Country): Japan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: May 18, 1912	25. Date (month and year) last engaged in this work: May 18, 1912
17. Total time (years) spent in this work: 3 yrs	26. Total time (years) spent in this work: 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: first (At time of this birth and including this child) (a) Born alive and now living One (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation: months or weeks

30. Cause of Stillbirth: During labor; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or ~~Stillborn~~) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) HER, M. D.

or MARK Mother of child, ~~Midwife~~

Address 1223 - 21st St Denver, Colo.

Give name added from a supplemental report

(Date of)

Filed , 193

Registrar. Witness to mark A. R. Masten Alberta Bondy Registrar.

1st certified copy issued 3-221-38 PBA 6072

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Colorado
County of Denver } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Chiyo Morishige - being first duly sworn says that she is the mother (Relationship of child)* of Preston Yoshio Morishige - - - - - - - - born May 18th 1912 (Date of birth) at Preston - - - - - - - - - - - - , Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Preston Yoshio Morishige - hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Witness to Signature
alberta Bondy
R. L. Cleere

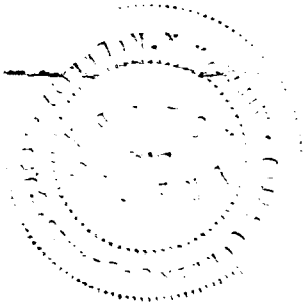
X Name of Affiant MARK Mother of Child
P. O. Address 1223-21st St. Denver, Colo.

Subscribed and sworn to before me this 17th day of March, 1938

My Commission expires October 28, 1940

William M. McCarthy
Notary Public.
Residing at 1355 Niagara, Denver, Colorado, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



A 286-213 028-391

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

264568

RECEIVED
APR 9 1938

Registration District No. ..... State File No. 264568

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Kootenai
City of Plummer
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Marian Arloine Showalter

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth March 13, 1912 (Month, Day, Year)

FATHER

9. Full name: Frank Earl Showalter

10. Residence (usual place of abode) (If non-resident, give place and State): Plummer, Idaho

11. Color or race: white | 12. Age at last birthday: 25 (years)

13. Birthplace (city or place) (State or Country): North Royalton, Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Telephone Co.

16. Date (month and year) last engaged in this work: March, 1912

17. Total time (years) spent in this work: 8 yrs.

MOTHER

18. Full maiden name: Grace Lee Craig

19. Residence (usual place of abode) (If non-resident, give place and State): Plummer, Idah

20. Color or race: white | 21. Age at last birthday: 23 (years)

22. Birthplace (city or place) (State or Country): Horton, Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: March, 1912

26. Total time (years) spent in this work: 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no record

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 1 (b) Born alive but now dead: ..... (c) Stillborn: .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed ....., 1938

Registrar. .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frank Earl Showalter being first duly sworn says that he is the father (Relationship of child)* of Marian Arloine Showalter born March 13, 1912 (Date of birth) at Plummer, Idaho, whose certificate of birth is hereto attached, and that Frank Earl Showalter desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Marian Arloine Showalter (daughter) hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Cusick M. D. was the ~~Mid~~ medical attendant at the birth of said Marian Arloine Showalter and that the said medical attendant is - location unknown (Now deceased (or) cannot be located)

Name of Affiant Frank Earl Showalter

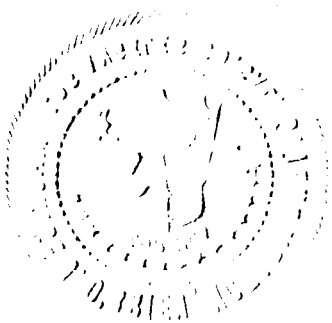
P. O. Address 1043 W. 55th St. Los Angeles, Calif.

Subscribed and sworn to before me this 8th day of April, 1938

Maurice D. Green
Notary Public

Residing at Los Angeles Calif., Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



143-131-028-143

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 17 1938

Registration District No. 30 State File No. 264596

Prim. Registration District No. 1051 Local Registrar's No. 53-a

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Henry Gordon Ault.

3. Sex M | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct 31 1912 (Month, Day, Year)

FATHER

9. Full name Mr. Ault
10. Residence (usual place of abode) (If non-resident, give place and State) —
11. Color or race W | 12. Age at last birthday — (years)
13. Birthplace (city or place) — (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, salesman, bookkeeper, etc. —
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —
16. Date (month and year) last engaged in this work —, 19—
17. Total time (years) spent in this work —

MOTHER

18. Full maiden name Mrs. Ault
19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene
20. Color or race W | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) — (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework and Laundress
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. For hire
25. Date (month and year) last engaged in this work —, 19—
26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at mid-night m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report Mrs. Annie Leitch
(Date of)
L. L. Kistler MD
Registrar.

(Signed) ____, M. D.
or Mrs Annie Leitch, attending Nurse
Address ____
Filed March 17, 1938 L. L. Kistler M.D.
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Annie Leitch being first duly sworn says that she is the foster mother of Henry Gordon Ault
(Relationship of child)*

born October 31, 1912 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Henry Gordon Ault hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Annie Leitch, R.N. ~~M. D.~~ was the ~~Midwife~~ attending nurse medical attendant at the birth of said Henry Gordon Ault and that the ~~said~~ medical attendant is now deceased
(Now deceased (or) cannot be located)

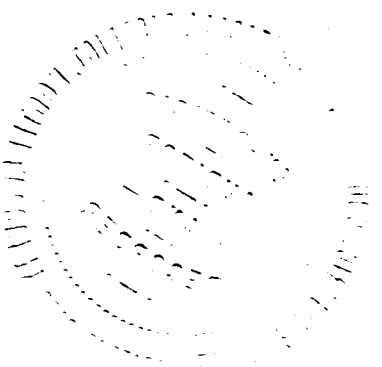
Name of Affiant Mrs Annie Leitch

P. O. Address Box 255 Trail British Columbia

Subscribed and sworn to before me this 17 day of March, 1938

Jas A. Foster Clerk of the District Court
~~Ex-Officio Auditor and Recorder~~ ~~Notary Public.~~
By Vesa M. Feil, Deputy
~~Residing at~~ Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



CANADA)
)
PROVINCE OF BRITISH) IN THE MATTER OF THE PARENTAGE
)
COLUMBIA) OF HENRY GORDON AULT.
)
TO WIT:)

STATUTORY DECLARATION

I, **Annie Leitch** of Columbia Gardens, in the County of Kootenay, Province of British Columbia, Widow, DO SOLEMNLY DECLARE:-

1. That I am a Widow and reside at Columbia Gardens aforesaid.

2. That the said Henry Gordon Ault was born at Coeur D'Alene, in the State of Idaho, one of the United States of America, on the 31st day of October, 1912.

3. That two days previous to his birth I met his Mother, Mrs. Ault (whose Christian name I do not know) in a Nursing Home at Coeur D'Alene, Idaho, aforesaid.

4. That at that time Mrs. Ault informed me that she was married and that her husband had deserted her.

5. That at the same time and place she informed me that she could not support the child.

6. That after the birth of the said child, Henry Gordon Ault, I took him as my own and he has lived with me as my son eversince.

7. That I verily believe that the said Mrs. Ault spoke the truth when she said that she was married and that her husband had deserted her.

8. That I do not know the Christian name of her said husband.

9. That I remember distinctly that the said Mrs. Ault was wearing a wedding ring.

10. That she had another child then about two years old and that due to the fact that her husband had deserted her she was unable to support the newly born baby.

11. That it would be a serious handicap to the said Henry Gordon Ault, in British Columbia, if the name of his Father "Mr. Ault" is not inserted in his birth certificate.

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effec t as if made under oath and by virtue of the "Canada Evidence Act".

DECLARED BEFORE ME at the City of Trail, in the Province of British Columbia, this 23rd day of April, A. D. 1938.

A G Cameron

A Notary Public in and for the Province of British Columbia

Annie Leitch

DATED APRIL 23rd, 1938

IN THE MATTER OF THE PARENTAGE OF

"HENRY GORDON AULT"

ANNIE LIETCH

STATUTORY DECLARATION

A. C. CAMERON, ESQ.,
Barrister & Solicitor,
1427 Bay Avenue,
Trail, B. C.

A662 224 035 249

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 7 1938

CERTIFICATE OF BIRTH 265345

Registration District No. 63 State File No. ____

Prim. Registration District No. 2143 Local Registrar's No. ____

1. PLACE OF BIRTH
County of Nez Perce
City of Southwick
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Alice Mae Foster

3. Sex female | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ } | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 24, 1937 (Month, Day, Year)

FATHER

9. Full name Ira Ernest Foster
10. Residence (usual place of abode) (If non-resident, give place and State) Southwick
11. Color or race wh | 12. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) Lewiston Ida
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Mary Alice Smith
19. Residence (usual place of abode) (If non-resident, give place and State) Southwick
20. Color or race wh | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Montana
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks } | 30. Cause of stillbirth ____ { Before labor ____ During labor ____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [redacted], M. D.
[redacted], ~~Midwife~~

Address Kendrick, Idaho

Give name added from a supplemental report ____
(Date of)

Filed March 23, 1938 B. F. Nesbit
Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ira E. Foster being first duly sworn says that

He is the Father of Allie Mae Foster
(Relationship of child)*

born May 24th. 1912 at Southwick, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Allie Mae Foster

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Ida I Mc Allister ~~M.D.~~ Midwife was the medical attendant at the birth of said Allie Mae Foster and that the said medical attendant is Living at Kendrick Idaho.
(Now deceased (or) cannot be located)

Name of Affiant Ira E Foster

P. O. Address Kendrick - Idaho

Subscribed and sworn to before me this 16 day of April, 19 38

H. B. Thompson
Notary Public.

Residing at Kendrick, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 14 1957

1. PLACE OF BIRTH

County of Fremont Co.

City of St. Anthony

No. A613 220 St. 022-533

(If born in hospital or institution give name.)

RECEIVED APR 19 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 265518

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Beulah Elfisee Watts

3. Sex F. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 9 20, 1912 (Month, Day, Year)

FATHER

9. Full name Joseph Anderson Watts

10. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony Ida.

11. Color or race White | 12. Age at last birthday 44 (years)

13. Birthplace (city or place) Carter Mill (State or Country) Hamlin Co. Penn

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Worker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bldg.

16. Date (month and year) last engaged in this work Sept. 20, 1912 | 17. Total time (years) spent in this work Five

MOTHER

18. Full maiden name Isabelle Jane Ellis

19. Residence (usual place of abode) (If non-resident, give place and State) St Anthony, Ida

20. Color or race White | 21. Age at last birthday 39 (years)

22. Birthplace (city or place) Bountiful (State or Country) Davis Co. Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 21

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child) Eight (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn X

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed APR 19 1938, 193....

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Fremont } ss.

Joseph Anderson Walls being first duly sworn says that

He is the Father of Beulah Elisee Walls.
(Relationship of child)*

born Sept. 20 1912 at St. Anthony, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Beulah Elisee Watts

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Lewis M. D. was the ~~Midwife~~ medical attendant at the birth of said and that the said medical attendant ~~is~~ cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Joseph Anderson Walls

P. O. Address St. Anthony Idaho

Subscribed and sworn to before me this 16 day of April, 1938

N. O. Gilmore
Notary Public.

Residing at St. Anthony, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 30 1972

Amended 7/25/72

957-203019-696

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 266068
Local Reg. No.
Reg. Dist. No.

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH

a. COUNTY: Custer

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mackay

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Custer

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mackay

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Hazel b. (Middle): Charlottie c. (Last): Inglet

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) 9 (Day) 3 (Year) 12

FATHER OF CHILD

7. FULL NAME

a. (First): John b. (Middle): Nathan c. (Last): Inglet

8. AGE (At time of this birth): 44 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Hyde Park, Utah

10. USUAL OCCUPATION: Common Laboer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Katharine b. (Middle): Elizabeth c. (Last): Fifield

13. AGE (At time of this birth): 42 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Weston, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. P. Richards

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Mackay, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Apr. 26, 1938

22. REGISTRAR'S SIGNATURE:

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

PLACE OF BIRTH

County of XXXX

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Custer } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Katharine Elizabeth Inglet being first duly sworn says that She is the Mother of Hazel Charlottie Inglet
(Relationship of child)*

born 9/3/ 1914 at Mackay Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Hazel Charlottie Inglet hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Francis P Richards M.D. M. D. was the Midwife medical attendant at the birth of said Hazel Charlottie Inglet and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Kathrine E Inglet

P. O. Address Mackay Idaho

Subscribed and sworn to before me this 23rd day of April, 1938

W. Wayne [illegible]
Notary Public for the State of Idaho, Notary Public.

Residing at Residing at Mackay, Idaho, Idaho.

My Commission Expires January 30, 1940

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 27 1972

MAY 29 1945

7-12-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Custer

Certificate No. 266068

Date Filed JUL 24 3 17 PM '72

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Hazel Charlottie Inglet (Name on Original Certificate) who was born (Was Born or Died) on Sept. 3, 1914 (Date of Event)

in Mackay (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible & School Records (Bible Record, Insurance Policy, Etc.) prepared on 16th May 1972 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Sept. 3, 1914	Sept. 3, 1912

Subscribed and sworn to before me this 20th day of July, 1972

Eileen Thompson

Notary Public, residing at Mackay, Idaho

My commission expires June 7, 1973

(Seal)

Signed Frank T. MacLerran

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 516 Mackay Ida 83251

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Custer

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of July, 1972

Eileen Thompson

Notary Public, residing at Mackay, Idaho

My commission expires June 7, 1973

(Seal)

Signed Marcella MacLerran

(Signature of Any Credible Person)

Box 516 Mackay Ida 83251

(Street Address, City, State)

FORM DH 60-155

U (I)

Page from family bible, obviously old gives name as Hazel C. Inglet born Sept. 3, 1912. Parents John Nathan Inglet and Mother Katharine Elizabeth Fifield. Viewed by V.S.

School Record issued by the Clerk from Joint School District # 182 gives name as Hazel Inglet born in Mackay, Idaho on Sept. 3, 1912 to J. N. Inglet. Notorized statement issued by Custer and Butte Counties
Viewed by V.S.

1659-22044-689

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

(If born in hospital or institution give name.)

JUL 2 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 268793

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Pearl Ferrell [redacted]

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Aug. 22, 1912 (Month, Day, Year)

FATHER

9. Full name: James Elza Ferrell ([redacted])

10. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho

11. Color or race White | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Minorsville, Kentucky

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓

16. Date (month and year) last engaged in this work Feb, 1935

17. Total time (years) spent in this work 37 yrs

MOTHER

18. Full maiden name: Maude Ella Whitten ([redacted])

19. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho

20. Color or race White | 21. Age at last birthday 39 (years)

22. Birthplace (city or place) (State or Country) Green Ridge, Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

25. Date (month and year) last engaged in this work May, 1937

26. Total time (years) spent in this work 39 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) ....., M. D.

or ....., Midwife

Address .....

(Date of) .....

Filed ....., 1938 .....

Registrar.

JUL 2 - 1938

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Washington } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lester Alvin Ferrell being first duly sworn says that he is the brother (Relationship of child)* of Pearl Ferrell Long born August 22, 1912 (Date of birth) at Weiser, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Pearl Ferrell Long hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that M. D. was the Midwife medical attendant at the birth of said Pearl Ferrell Long and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Lester Alvin Ferrell

P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 30" day of June, 1938

John J. Peacock
Notary Public.

Residing at Weiser, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 3 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of St. Maries, Idaho

No. 613-229-028-269 St.

(If born in hospital or institution give name.)

JUL 23 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

268824

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 268824

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Watson, Margaret Jean

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Sept. 29, 1932 (Month, Day, Year) 1912

FATHER

9. Full name Watson, Alexander Whyte

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race white 12. Age at last birthday 34 (years)

13. Birthplace (city or place) Scotland (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant (dry goods)

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. dry goods store

16. Date (month and year) last engaged in this work ....., 1912

17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name Mitchell, Helen Borland

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race white | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) England (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? yes. [illegible]

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 3:15 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. Kinsolving, M. D.

or ....., Midwife

Address St. Maries, Idaho

Give name added from a supplemental report .....

(Date of)

Filed JUL 23 1938 193.. [illegible] Registrar.

State

Amended 1-8-60

PLACE OF BIRTH

154 107 028 219

County of Kootenai

City of Coeur d'Alene

No. Twin Beaches St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 269527

Primary Registration District No. 2051 Registered No. 204

FULL NAME OF CHILD Louie John Anderson

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
M.				Yes	May 7, 1912 (Month) (Day) (Year)

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Albin Anderson	FULL MAIDEN NAME: Mary Ann Barker
RESIDENCE: Twin Beaches	RESIDENCE: Twin Beaches
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Narsen Dalarne, Sweden	BIRTHPLACE: Houston, Missouri
OCCUPATION: Farmer	OCCUPATION: Homemaker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albin Anderson, Father

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed July 23, 1938 L.C. Krotcher, M.D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

INK—THIS IS A PERMANENT RECORD. N. B.—In case of mistake or change one child at birth must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. Twin Beaches St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 25527

Registration District No. 80 State File No.

Prim. Registration District No. 2251 Local Registrar's No. 204

2. FULL NAME OF CHILD Louis John Anderson

3. Sex M

If plural births { 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth May 7, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Albin Andereson	18. Full maiden name Mary Ann Barker
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Beaches	19. Residence (usual place of abode) (If non-resident, give place and State) Twin Beaches
11. Color or race White | 12. Age at last birthday 43 (years)	20. Color or race White | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) Hansen (State or Country) Dalarne, Sweden	22. Birthplace (city or place) Houston, Missouri (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Homemaker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work now, 19	17. Total time (years) spent in this work 14
25. Date (month and year) last engaged in this work now, 19	26. Total time (years) spent in this work 9 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ... { months or weeks

30. Cause of stillbirth ... { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at ... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) ..., M. D.

or Albin Anderson Father, ~~Midwife~~

Address

Filed July 23, 1938 L. C. Crothers M.D.
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Albin Anderson being first duly sworn says that

he is the Father (Relationship of child)* of Louis John Anderson

born May 7, 1912 (Date of birth) at Home in Twin Beaches, Idaho,

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Louis John Anderson

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that No doctor was present at birth M. D. was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is ..... (Now deceased (or) cannot be located)

Name of Affiant Albin Anderson

P. O. Address Coeur d Alene, Idaho

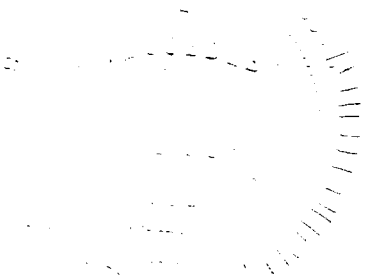
Subscribed and sworn to before me this 23 day of July, 19 38

Jas. A. Foster
Clerk of the District Court Notary Public.

Residing at Coeur d'Alene, Kootenai County, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Certified Copy issued Feb. 11, 1941. E.W.



OCT 21 1942

JAN 8 1960

~~Documents lised~~ - Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Kootenai

Certificate No. 269527

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Louis John Anderson (Name on Original Certificate) who born (Was Born or Died) on May 7, 1912 (Date of Event) in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School Prepart - Ins. Policy (Bible Record, Insurance Policy, Etc.) prepared on 5/21/20 and 10/14/40 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
First Name of Child	Louis	Louie John Anderson

Subscribed and sworn to before me this 5th day of January, 1960

[signature]
Notary Public, residing at Coeur d'Alene, Idaho
My commission expires
(Seal)

Signed Mary A Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Marine Route, Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Kootenai

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of January, 1960

[signature]
Notary Public, residing at
My commission expires
(Seal)

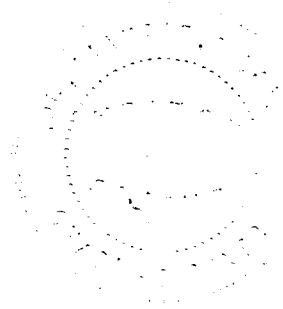
Signed Maxine Whitney
(Signature of Any Credible Person)

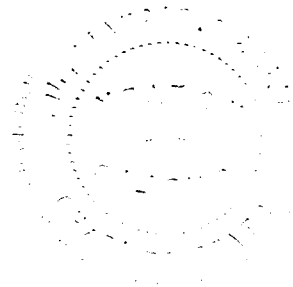
Box 665, Coeur d'Alene, Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 11-16-59. nm

Teacher's Term Report of the Public School, Dist. #45-County of Kootenai - State of Idaho - Esther H. Thorne, Teacher - Kidd Island Bay, September 8, 1919 to May 21, 1920 lists one of the pupils as Louie Anderson age 8 - viewed by V.S.

West Coast Life Insurance Co. Policy, #413486, Oct. 14, 1940 gives full name as Louie John Anderson - viewed by V.S.





A 212-212 028-255

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

269528

AUG 8 - 1938

Registration District No. 30 State File No.

Prim. Registration District No. 1051 Local Registrar's No. 207

1. **PLACE OF BIRTH**
County of Kootenai
City of Coeur d'Alene Ida.
No. 417 Military Drive St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Ardath Gretchen Irene Bakke

3. Sex Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Sept. 12, 1912 (Month, Day, Year)

FATHER

9. Full name Chris Peter Bakke
10. Residence (usual place of abode) (If non-resident, give place and State) 417 Military Dr.
11. Color or race White | 12. Age at last birthday 52 (years)
13. Birthplace (city or place) (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Grader
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill
16. Date (month and year) last engaged in this work Present time, 1912
17. Total time (years) spent in this work 31

MOTHER

18. Full maiden name Mary Marie Severson
19. Residence (usual place of abode) (If non-resident, give place and State) 417 Military Dr.
20. Color or race White | 21. Age at last birthday 40 (years)
22. Birthplace (city or place) Scandanavia (State or Country) Waupaca County, Wisc.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Present time, 1912
26. Total time (years) spent in this work 21

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother Five (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ... months or weeks

30. Cause of stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at ... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ..., M. D.
or ..., Midwife
Address ...

Give name added from a supplemental report ...
(Date of)
... Registrar.

Filed July 27, 1938 H. C. Kretchen MD. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Mary Marie Severson Bakke being first duly sworn says that she is the mother (Relationship of child)* of Asdath Gretchen Irene Bakke born September 12, 1912 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Asdath Gretchen Irene Bakke hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Anton Carlson ~~M. D.~~ Midwife was the medical attendant at the birth of said Asdath Gretchen Irene Bakke and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs. Mary Marie S. Bakke

P. O. Address 417 Military Drive

Subscribed and sworn to before me this 27 day of July, 1938

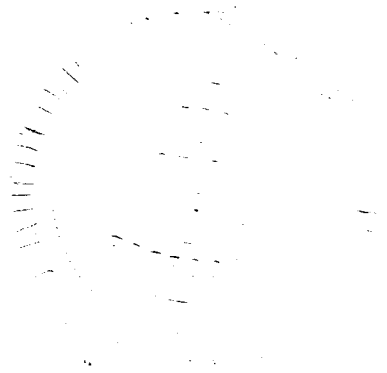
Jos. A. Foster

~~Notary Public~~ By Jos. A. Foster, Deputy Recorder

Residing at Coeur d'Alene, Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

cc 2/26/~~41~~ 41 rmf



A453-204-003-713

270 000

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

(If born in hospital or institution give name.)

RECORDED SEP 1 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 270000

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Isabella Flora DelMuto

3. Sex: Female

If plural births: 4. Twin, triplet, or other..... 5. Number, in order of birth.....

6. Premature..... Full term ✓

7. Legitimate? Yes

8. Date of birth August 4, 1932 (Month, Day, Year)

9. FATHER — Full name: Amleto DelMuto

10. Residence (usual place of abode) (If non-resident, give place and State).....

11. Color or race: White | 12. Age at last birthday: 22 (years)

13. Birthplace (city or place) (State or Country): Pisa, Porteolserchio Italy

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Car repairman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: O.S.L. Co.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work: 2 years

18. MOTHER — Full maiden name: Mary Gatte

19. Residence (usual place of abode) (If non-resident, give place and State).....

20. Color or race: White | 21. Age at last birthday: 28 (years)

22. Birthplace (city or place) (State or Country): New York City

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work: 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?.....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: one (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks

30. Cause of Stillbirth ..... During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 5:45 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report Mrs G. Delmuto (Date of) mother

(Signed) ....., ~~M.D.~~

or ....., Midwife

Address .....

Filed ....., 1938.

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

y Gatte Vanelli/ formerly Mary Gatte Delmuto being first duly sworn says that

She is the Mother of Isabella Flora Delmuto
(Relationship of child)*

born August 4 1912 at Pocatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certifi cate of birth of the said Isabella Flora Delmuto

hereto attached are true and correct as stated therein, **and that this birth has not been previously r ecorded.**

Affiant further states that there was no M.D. or midwife M. D. was the Midwife medical attendant at the birth of said Isabella Flora Delmuto and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Mary Gatti Vanelli

P. O. Address 115 Alice Court, Lodi, Calif.

Subscribed and sworn to before me this 15th day of June, 19 38

George Wadsworth
Notary Public.

Residing at , Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

386-128 [illegible] -319

271112

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 4 1938

CERTIFICATE OF BIRTH

271112

1. PLACE OF BIRTH
County of Oneida
City of St. John Malad RFD #
No. ..... St.
(If born in hospital or institution give name)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD De Worth Thomas

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Aug 28, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name R. C. Thomas	18. Full maiden name Rhoda Larson
10. Residence (usual place of abode) (If non-resident, give place and State) Malad RFD #1	19. Residence (usual place of abode) (If non-resident, give place and State) Malad RFD #1
11. Color or race W | 12. Age at last birthday 24 (years)	20. Color or race W | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Watauger Co N.C.	22. Birthplace (city or place) (State or Country) Malad, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Rhoda Larson Thomas Mother ~~M. D.~~
or ....., Midwife
Address Malad Idaho R.F.D. #1
Filed OCT 1938, 193.. Clark Dillingham State Registrar.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of [illegible] one child at birth a Separate Return must be made for each, and the number of each [illegible] in order of birth [illegible]

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Oneida } ss.

Rhoda Larson Thomas being first duly sworn says that she is the mother (Relationship of child)* of De Worth Thomas born Aug. 28- 1912 (Date of birth) at Malad R.F.D.1, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said De Worth Thomas hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that J. M. Kerns M. D. was the ~~Midwife~~ medical attendant at the birth of said De Worth Thomas and that the said medical attendant is now deceased (Now deceased ~~(or) cannot be located~~)

Name of Affiant Rhoda Larson Thomas

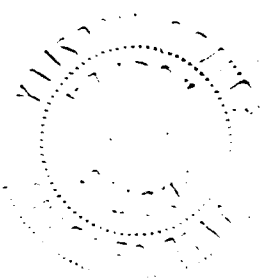
P. O. Address

Subscribed and sworn to before me this 1st day of October, 1938

Edward Wooley
Notary Public.

Residing at Malad, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.L.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

569-202 019-549

1. PLACE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 14 1938

CERTIFICATE OF BIRTH

271154

Registration District No. 76 State File No. .....

Prim. Registration District No. 2153 Local Registrar's No. 526

2. FULL NAME OF CHILD Dorthy Helen Ewing [redacted]

3. Sex Girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 2 July 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edgar Ramson Ewing	18. Full maiden name Lillie Ethel Edrington
10. Residence (usual place of abode) (If non-resident, give place and State) Mackay	19. Residence (usual place of abode) (If non-resident, give place and State) Mackay
11. Color or race white 12. Age at last birthday 28 (years)	20. Color or race white 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Houston Idaho	22. Birthplace (city or place) (State or Country) Moark Arkansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farmers Wife
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 8.30 A.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) T. Lavina, M. D.

or Mrs. Edrington Mother Midwife

Address Mackay Ida

Filed Sept. 9, 1938 Rose Nowacki Registrar.

APR 23 1970

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Custer } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lavina Edrington being first duly sworn says that she is the Grandmother of Dorothy Helen Ewing
(Relationship of child)*

born July 2nd 1912 at Mackay, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Dorothy Helen Ewing hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. R. E. Mason M. D. was the Midwife medical attendant at the birth of said Dorothy Helen Ewing and that the said medical attendant is Cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Lavina Edrington
P. O. Address By Lillie Ewing Mackay, Ida

Subscribed and sworn to before me this 4th day of Oct, 1938.

N. Haynes Cochrane
Notary Public for [illegible] Notary Public.

Residing at [illegible], Idaho.

My Commission Expires [illegible] July 30, 1940

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 2 : 1970

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 8 - 1938

CERTIFICATE OF BIRTH

271580

1. PLACE OF BIRTH
County of Canyon
City of Farmer
No. ..... St.
495713014743
(If born in hospital or institution give name.)

Registration District No. 1007 State File No. .....
Prim. Registration District No. 3 Local Registrar's No. 398

2. FULL NAME OF CHILD Newton Virgil E. Minton

3. Sex M. | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept 13 1912 (Month, Day, Year)

FATHER
9. Full name Robert S. Minton
10. Residence (usual place of abode) (If non-resident, give place and State) Farmer Ida
11. Color or race W | 12. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) Idaho
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER
18. Full maiden name Dora B Pullen
19. Residence (usual place of abode) (If non-resident, give place and State) Farmer Ida
20. Color or race W | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Idaho
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J Barazin, M. D.
or ....., Midwife
Address Nyssa Ore
Filed 10-5-, 1938 [signature] Registrar.
Mrs Alice Ross

Give name added from a supplemental report .....
(Date of)
..... Registrar.

312-16-0355-294

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 14 1938

272313

1. PLACE OF BIRTH
County of Nez Perce
City of Culdesac Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Walter Raymond Case

3. Sex boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 7-16, 1938 (Month, Day, Year)

FATHER

9. Full name Sherman C. Case
10. Residence (usual place of abode) Sunnyside, (If non-resident, give place and State) Wash.
11. Color or race White | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) East Des Moines (State or Country) Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sunnyside Wash, Public School
16. Date (month and year) last engaged in this work 11-11, 1938
17. Total time (years) spent in this work 35

MOTHER

18. Full maiden name Margaret Simmons
19. Residence (usual place of abode) ~~Walla~~ Sunnyside (If non-resident, give place and State) Wash.
20. Color or race White | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) Walla Walla (State or Country) Wash.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Sunnyside, Wash, home
25. Date (month and year) last engaged in this work 11-12, 1938
26. Total time (years) spent in this work 45

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead one (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sherman C Case, father, ~~M. D.~~
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
Filed NOV 14 1938, 193...

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of .....
County of ..... } ss.

Sherman C. Case being first duly sworn says that he is the father (Relationship of child)* of Walter Raymond Case born July 16 1912 (Date of birth) at Culdesac, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Walter Raymond Case hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Gideon Tiffany ~~M. D.~~ Midwife was the medical attendant at the birth of said Walter Raymond Case and that the said medical attendant is Sherman (Now deceased (or) cannot be located)

Name of Affiant Sherman C. Case

P. O. Address .....

Subscribed and sworn to before me this 12 day of May, 1938

L. A. Stone
Notary Public.

Residing at Lewiston, ~~Idaho.~~ Nez Perce Co.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

966-10302-789

RECEIVED DEC 2 1938

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. ..... St.
(If born in hospital or institution give name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

274342

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Willard Herbert Roots.

3. Sex Male,

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature No. Full term Yes

7. Legitimate? Yes.

8. Date of birth April 3, 1938 (Month, Day, Year)

FATHER

9. Full name Rev. Willard N. Roots.

10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Ida.

11. Color or race White 12. Age at last birthday 46 (years)

13. Birthplace (city or place) (State or Country) Opeana Nevada.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister,

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Minister,

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Katherine Phillips, Mrs Roots.

19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Ida.

20. Color or race White 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or Country) Antigonish Nova Scotia, Canada.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Nurse.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 7 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) [signature], M. D.

or ....., Midwife

Address .....

Filed Dec 28, 1938

Registrar.

DELAYED

993-230005 967

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 274346

DEC 31 1938

1. PLACE OF BIRTH
County of Benewah
City of Tensed
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Richards

3. Sex Female | If plural births {4. Twin, triplet, or other ..... 5. Number, in order of birth .....} | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Sep. 30, 1938 (Month, Day, Year)

FATHER	MOTHER
9. Full name Cecil Perry Richards	18. Full maiden name Retta May Roberts
10. Residence (usual place of abode) (If non-resident, give place and State) Tensed	19. Residence (usual place of abode) (If non-resident, give place and State) Tensed
11. Color or race white | 12. Age at last birthday 27 (years)	20. Color or race white | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Linnton Oregon	22. Birthplace (city or place) (State or Country) Rosalia, Wash.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own homestead	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work March, 1938	17. Total time (years) spent in this work Six
25. Date (month and year) last engaged in this work —, 19—	26. Total time (years) spent in this work 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living three (b) Born alive but now dead. no (c) Stillborn. no

29. If stillborn, period of gestation ..... {months or weeks} | 30. Cause of stillbirth ..... {Before labor ..... During labor .....}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....
Registrar.

(Signed) ..... M. D.
or Cecil P Richards Letter, Midwife
Address .....
Filed Dec. 31, 1938 .....
Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Latah
City of Near Crescent
No. 433 214 029 793 St.
(If born in hospital or institution give name.)

1939

Registration District No. ____ State File No. 274369
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Lora Alice McCollum

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? yes
8. Date of birth Apr. 14, 1912 (Month, Day, Year)

FATHER

9. Full name: Robert Milton McCollum
10. Residence (usual place of abode) (If non-resident, give place and State): Crescent, Ida.
11. Color or race: W | 12. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Jewel Co. Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Leona Madeline Gilman
19. Residence (usual place of abode) (If non-resident, give place and State): Crescent, Ida.
20. Color or race: W | 21. Age at last birthday: 22 (years)
22. Birthplace (city or place) (State or Country): Middleboro, Massachusetts

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 5.30 A (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Leona M. McCollum (Mother), M. D.
2247 J. St. San Diego, Calif.
or ____, Midwife
Address ____

Give name added from a supplemental report ____
(Date of)

Filed 1-12-39, 193__

Registrar. Registrar.

DELAYED

AFFIDAVIT OF BIRTH

JAN 12 1939

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD

Full name of child Lora Alice McCollum

Date of birth April 14th 1912 At 5 30 A. M. ~~P. M.~~ Sex Female

Place of birth near Present, Latah County, Idaho

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD'S FATHER

Full name of father Robert Milton Mc Collum

Residence at child's birth near Present, Latah County, Idaho

Age at child's birth 24 years. Color or race White

Birthplace Jewel County, Kansas

Occupation at child's birth Farmer

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD'S MOTHER

Full maiden name of mother Leona Madeline Gilman

Residence at child's birth near Present, Latah County, Idaho

Age at child's birth 22 years. Color or race White

Birthplace Middlebore, Massachusetts

Occupation at child's birth Housewife

This is the first child born to this mother.

Including this child, there ~~was~~ then one ~~child~~ of this mother living.

I hereby certify that I am the mother of the above mentioned child and that the facts and data as alleged are true and correct to the best of my knowledge and belief and that I am a native citizen of United States, a ~~citizen through naturalization~~.

(Cross out the words that do not apply)

~~of~~

Leona M. McCollum (Affiant) 2247 J St San Diego, Calif (Address)

Subscribed and sworn to before me this 5th day of January, 1939

Patrick J. Dooley

Notary Public in and for the County of San Diego, State of California

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I hereby certify that I attended at the birth of the above-mentioned child in the capacity of being the

and that the facts and data as alleged are true and correct to the best of my knowledge and belief and that I am a native citizen of, a citizen through naturalization of

(Cross out the words that do not apply)

Affiant Address

Subscribed and sworn to before me this day of , 19

Notary Public in and for the County of San Diego, State of California

Recorder's Form 4—2M-11-37 D&R

251 108 009 271

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 12 1939

CERTIFICATE OF BIRTH

274371

1. PLACE OF BIRTH
County of Bonner
City of Ponderay
No. ..... St.

Registration District No. ..... State File No. .....

(If born in hospital or institution give name.) Home Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William John Beatty

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth January 8 1912 (Month, Day, Year)

FATHER

9. Full name Leonard Lee Beatty

10. Residence (usual place of abode) (If non-resident, give place and State) Ponderay Ida

11. Color or race White | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) La Cross (State or Country) Wisc

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Breakman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Northern Pacific

16. Date (month and year) last engaged in this work Nov., 1912

17. Total time (years) spent in this work I do not no.

MOTHER

18. Full maiden name Nellie Alice Martha Sparhawk

19. Residence (usual place of abode) (If non-resident, give place and State) Ponderay Ida

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) Scotia (State or Country) Greeley Co Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work Hole life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:30 Am. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ..... (Mother), M. D.
or Nellie Phelps ~~Nee Beatty~~ mother ~~Midwife~~
Address 1315 Franklin st Bellingham Wash

Give name added from a supplemental report .....
(Date of)

K ..... Registrar.

Filed ..... 1939 193.... Registrar.

DELAYED

STATE OF IDAHO

C.A. Bottolfsen [redacted] GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Whatcom } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nellie Phelps formerly Nellie Beatty being first duly sworn says that she is the Mother (Relationship of child)* of William John Beatty born January 8. 1912 (Date of birth) at Pondrey. Bonner. Co., Idaho, whose certificate of birth is hereto attached, and that Nellie Phelps mother desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said William John Beatty hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs John McGarvey ~~M. D.~~ Midwife was the medical attendant at the birth of said William John Beatty and that the said medical attendant is I think Deceased. at time of Birth in 80 (Now deceased (or) cannot be located)

Name of Affiant Nellie Phelps

P. O. Address 1315 Franklin St Bellingham Wash

Subscribed and sworn to before me this 9th day of January, 1939

[signature]
Notary Public.

Residing at Bellingham, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

799106005 254

274379

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Benewah - 1914 - (Kootnai 1912)

City of St.Maries

No. ..... St.

(If born in hospital or institution give name.)

JAN 16 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

274379

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Edward Griffith

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Nov. 6- 1912, 193.. (Month, Day, Year)

FATHER	MOTHER
9. Full name Joseph Edward Griffith	18. Full maiden name Nellie Kedzie
10. Residence (usual place of abode) (If non-resident, give place and State) St.Maries, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) St.Maries, Idaho
11. Color or race W | 12. Age at last birthday 39 (years)	20. Color or race W | 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Philadelphia, Pa.	22. Birthplace (city or place) (State or Country) Adrian, Michigan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) C. J. Kinsolving, M. D.

or ——— ~~Midwife~~

Address St. Maries, Idaho

Give name added from a supplemental report .....
(Date of)

Filed JAN 16 1939, 193.. Pearl Dillingham State Registrar.

Registrar.

JUL 2 6

DELAYED

815 123 014-218

275379

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Caldwell, Idaho
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 275379

Registration District No. 1 State File No. .....
Prim. Registration District No. 100 Local Registrar's No. 1

2. FULL NAME OF CHILD Henry Allen Hannah

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male				Yes	Yes	June 23, 1918

FATHER

9. Full name: Henry V. D. Hannah, Jr.
10. Residence (usual place of abode) (If non-resident, give place and State): Caldwell
11. Color or race: White | 12. Age at last birthday: 32 (years)
13. Birthplace (city or place): Weiser (State or Country): Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work: ....., 19.....
17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Jessie May Bayless
19. Residence (usual place of abode) (If non-resident, give place and State): Caldwell
20. Color or race: White | 21. Age at last birthday: 29 (years)
22. Birthplace (city or place): Litchfield (State or Country): Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work: ....., 19.....
26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F. M. Cole, M. D.
or ....., Midwife
Address Caldwell, Idaho
Filed 1-9, 1919

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

DUPLICATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

27V388

JAN 23 1939

CERTIFICATE OF BIRTH 275388

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No. 131

1. **PLACE OF BIRTH**
County of ADA 859-211
City of BOISE 001-513
No. St.
ST. ALPHONSUS
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Dorothy Herfurth

3. Sex F | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth 10-11-1912 193 (Month, Day, Year)

FATHER

9. Full name: John C. Herfurth
10. Residence (usual place of abode) (If non-resident, give place and State): 914 Miller
11. Color or race: W | 12. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): KANSAS

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: BOOKKEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work ..., 19...
17. Total time (years) spent in this work

MOTHER

18. Full maiden name: Pearl A. Nachter
19. Residence (usual place of abode) (If non-resident, give place and State): same
20. Color or race: W | 21. Age at last birthday: 23 (years)
22. Birthplace (city or place) (State or Country): Neb.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HW
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work ..., 19...
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ... months or weeks
30. Cause of Stillbirth ... Before labor ... During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:45A on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ...
(Date of)
... Registrar.

(Signed) WM. TUKEY, M. D.
or ..., Midwife
Address ...
Filed 10-17-1912 193 C. S. MCConnel
Registrar.

NOV 25 1942

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RECEIVED
JAN 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

275391

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. 258 D St.
(If born in hospital or institution give name.)

Registration District No. 13 State File No.
Prim. Registration District No. 21-D Local Registrar's No. 14

2. FULL NAME OF CHILD Marcus Lefgren Jensen (Marcus Lefgren Jensen)

3. Sex: Male

If plural births: 4. Twin, triplet, or other.....; 5. Number, in order of birth.....

6. Premature No; Full term Yes

7. Legitimate? Yes

8. Date of birth June 28, 1912 (Month, Day, Year)

FATHER

9. Full name Andrew Christian Jensen

10. Residence (usual place of abode) 258 D Street Idaho Falls (If non-resident, give place and State)

11. Color or race White | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) Levan (State or Country) Juab County, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Implement and Hdwe. Co.

16. Date (month and year) last engaged in this work June, 1912

17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Emma Christina Lefgren

19. Residence (usual place of abode) 258 D Street Idaho Falls (If non-resident, give place and State)

20. Color or race White | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) Ogden City (State or Country) Weber County, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work June, 1912

26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother Two (2) (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation..... months or weeks

30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

Registrar.

(Signed) John O. Millar, M. D.

or ..... Midwife

Address Idaho Falls, Idaho

Filed January 21, 1939 Wm Leonard

Registrar.

DEC 14 1942

DELAYED DUP OF 1912-7060

A155-129003-434

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

275412

JAN 31 1939

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. No ... must be made for each, and the number of each, in order of birth stated. one child at birth a Separate Return must be made for

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 435 West Lander St.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Robert Melvin Avery

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature No Full term yes

7. Legitimate? yes

8. Date of birth Feby 29, 1932 (Month, Day, Year)

FATHER

9. Full name Elijah Bankston Avery

10. Residence (usual place of abode) Idaho (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 37 (years)

13. Birthplace (city or place) Atlanta (State or Country) Georgia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad

16. Date (month and year) last engaged in this work April, 1916

17. Total time (years) spent in this work 12 yrs

MOTHER

18. Full maiden name Emily Irene Milkan Avery

19. Residence (usual place of abode) Pocatello, Ida (If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 21 (years)

22. Birthplace (city or place) Thorn (State or Country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 12 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was attending physician and midwife present at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.

or RECEIVED, Midwife

Address .....

Filed JAN 31 1939, 193....

Registrar.

Registrar.

STATE OF IDAHO

C. A. Bottolfsen [redacted] GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

Jessie McMillan Edgington being first duly sworn says, that she is the Aunt of Robert Melvin Avery and the sister of her mother, and that Robert Melvin Avery was born February 29th 1912 at Pocatello, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Robert Melvin Avery hereto attached are true and correct as stated therein, and that this birth has not been previously recorded. to her knowledge.

Affiant further states that Dr William Wright M. D. was the Midwife medical attendant at the birth of said Robert Melvin Avery and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Jessie McMillan Edgington

P. O. Address 293 So Carondelet Street

Subscribed and sworn to before me this 17th day of January, 1939

Notary Public.

Residing at Los Angeles, Calif., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires [illegible]

A695 124 038 868

275 440

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Payette (~~a~~ ~~[illegible]~~ REC)

City of New Plymouth ~~[illegible]~~ FEB 10 1939

No. ——— St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 275440

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Fred Porter French Jr.

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. ~~Premature~~ Full term yes | 7. Legitimate? yes | 8. Date of birth Feb. 24, 1912 (Month, Day, Year)

FATHER

9. Full name Fred Porter French

10. Residence (usual place of abode) New Plymouth (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) Mason City Iowa (State or Country) U.S.A.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work February, 1912

17. Total time (years) spent in this work 15 yrs.

MOTHER

18. Full maiden name Hazel Hastings Hoyt

19. Residence (usual place of abode) New Plymouth (If non-resident, give place and State) Idaho

20. Color or race White | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) Madison Wisconsin (State or Country) U.S.A.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ———

28. Number of children of this mother Six (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn ——

29. If stillborn, period of gestation ——— months or weeks ——

30. Cause of stillbirth ——— Before labor ——— During labor ———

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed FEB 10 1939, 193.....

..... Registrar.

..... Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Fred Porter Fremek being first duly sworn says that
Fred Porter Fremek Jr. is the Son of Fred Porter Fremek
(Relationship of child)*
born Feb 24 - 1912 at New Plymouth, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Fred Porter Fremak Jr.
hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Amanda Relyea ~~M. D.~~ Midwife was the medical attendant at the birth of said Fred Porter Fremek and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Fred Porter Fremek
P. O. Address 518 State St - Boise, Idaho

Subscribed and sworn to before me this 9th day of February, 1939

Luther W. Lamyson
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 1 8 1973

993 110 028-814

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 276430

FEB 24 1939

Registration District No. 30 State File No.

Prim. Registration District No. 1051 Local Registrar's No. 57

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 812 - 5½ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Earl Ritzheimer

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate? X | 8. Date of birth February 10, 1912 (Month, Day, Year)

FATHER

9. Full name Peter Lawrence Ritzheimer
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene
11. Color or race W | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Mount Idaho Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk & Driver
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hardware store
16. Date (month and year) last engaged in this work February, 1912 | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Jessie Dewight Hamlin
19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene
20. Color or race W | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Near St. Cloud Minnesota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work Feb. 10, 1912 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... months or weeks | 30. Cause of stillbirth ... Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 9p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Jessie D. Ritzheimer, M. D. ~~M. D.~~ mother, ~~Midwife~~

Address 1036 Third St. Coeur d'Alene, Idaho

Give name added from a supplemental report

(Date of)

Filed Feb. 23, 1939 H. L. Newcombe, M.D.

Registrar.

Registrar.

DELAYED DUP OF 12-4405

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Kootenai } ss.

Mrs. Jessie D. Ritzheimer being first duly sworn says that she is the mother (Relationship of child)* of Earl Ritzheimer born February 10, 1912 (Date of birth) at Coeur d' Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Earl Ritzheimer hereto attached are true and correct as stated therein, and that this birth has ~~not~~ been previously recorded. incorrectly.

Affiant further states that J. C. Dwyer, M.D. M. D. was the ~~Midwife~~ medical attendant at the birth of said Earl Ritzheimer and that the said medical attendant is now deceased. (Now deceased (~~or~~) ~~cannot be located~~)

Name of Affiant Mrs. Jessie D. Ritzheimer

P. O. Address 1026 Third St. Coeur d'Alene, Idaho.

Subscribed and sworn to before me this 23 day of Feb., 1939

Jos. A. Forster
CLERK, AUDITOR AND RECORDER

By Jos. O. White, Deputy
Notary Public.

Residing at ....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 315 116 001 519 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

276483

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 276483

Prim. Registration District No. 1004 Local Registrar's No.

2. FULL NAME OF CHILD Charles J. Lane

3. Sex Male

If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ...

6. Premature ... Full term ...

7. Legitimate? ...

8. Date of birth Jan 16, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Samuel Lane	18. Full maiden name: Lola Earle
10. Residence (usual place of abode) (If non-resident, give place and State): Boise	19. Residence (usual place of abode) (If non-resident, give place and State): Boise
11. Color or race: wh	20. Color or race: wh
12. Age at last birthday: 31 (years)	21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Emmettesberg Iowa	22. Birthplace (city or place) (State or Country): Ohio
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Draftsman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..., 19...	25. Date (month and year) last engaged in this work ..., 19...
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ... (c) Stillborn ...

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 4:00 P.M. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ...
(Date of)

... Registrar.

(Signed) L.S. Williamson, M. D.

or ..., Midwife

Address boise, Idaho

Filed Jan 26, 1912, 193... M. E. Hopkins
Registrar.

1945

JUL 1 6 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 276497

MAR 15 1939

1. PLACE OF BIRTH
County of Cassia
City of
No. 343 126 016 238 St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Arthur Edward Lutz

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term X
7. Legitimate? Yes
8. Date of birth July 26, 1912 (Month, Day, Year)

FATHER

9. Full name: Gust Lutz
10. Residence (usual place of abode) (If non-resident, give place and State): Idahom, Ida.
11. Color or race: W | 12. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Hebron, North Dakota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work: Lifetime

MOTHER

18. Full maiden name: Emelia Schultz
19. Residence (usual place of abode) (If non-resident, give place and State): Idahom, Ida.
20. Color or race: W. | 21. Age at last birthday: 21 (years)
22. Birthplace (city or place) (State or Country): South Russia

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work ____, 19__
26. Total time (years) spent in this work: simce marriage

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No.
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.

(Signed) ____, M. D.
or X Gust Lutz, Midwife
Address Idahom, Idaho

Filed MAR 15 1939, 193__

Registrar.

State of North Dakota)
(ss.
County of Morton)

Gust Lutz, being first duly sworn, on oath, deposes and says that he has read the foregoing birth certificate and is well acquainted with all of the persons and facts mentioned therein; that he knows of his own knowledge that thefacts stated in said certificat are true; that the reason said birth certificate was not filed at the time of the birth of said child was due to lack of knowledge on part of parents as to necessity for registering births.

X Gust Lutz

Subscribed and sworn to before me this 13th day of March, 1939.
(seal)
Notary Public, Morton County, N. D.
My commission expires Oct. 15, 1943.

276502

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 276502

RECEIVED
MAR 15 1939

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Cassia
City of Albion
No. A45-107016-415 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Jefferson Lee Danner

3. Sex M | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 7, 1912 (Month, Day, Year)

FATHER

9. Full name Frederic Samuel Danner
10. Residence (usual place of abode) (If non-resident, give place and State) Albion Ida
11. Color or race White | 12. Age at last birthday 53 (years)
13. Birthplace (city or place) (State or Country) St. Louis, Mo.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockraising
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming
16. Date (month and year) last engaged in this work Nov, 1925 | 17. Total time (years) spent in this work 40

MOTHER

18. Full maiden name Olive Matilda Danner
19. Residence (usual place of abode) (If non-resident, give place and State) Albion Ida
20. Color or race White | 21. Age at last birthday 41 (years)
22. Birthplace (city or place) (State or Country) Brigham City, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work X, 19__ | 26. Total time (years) spent in this work X

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boracic water
28. Number of children of this mother (At time of this birth and including this child) thirteen
(a) Born alive and now living 11 (b) Born alive but now dead 2 (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks | 30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed MAR 15 1939, 193__

Registrar. Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Olive Matson being first duly sworn says that she is the Sister (Relationship of child)* of Jefferson Lee Danner born June 7th, 1912, (Date of birth) at Albion, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Jefferson Lee Danner hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Story M. D. was the Midwife medical attendant at the birth of said Jefferson Lee Danner and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant 1826 S. Chapel, Alhambra, Cal.

P. O. Address Olive Matson

Subscribed and sworn to before me this 6th day of March, 19 39

Eula L. Sawtelle
Notary Public.

Residing at Alhambra, Calif., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

491-126-04-245

277411

1. PLACE OF BIRTH

County of TETON

City of VICTOR

No. ..... St.

(If born in hospital or institution give name.)

MAR 21 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD REUBEN MERRITT DRAKE

3. Sex MALE

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? YES

8. Date of birth APRIL 26, 1912 (Month, Day, Year)

FATHER

9. Full name MERRITT Frank Drake

10. Residence (usual place of abode) (If non-resident, give place and State) VICTOR IDA

11. Color or race ANGLO SAX | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Conant Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work Entire life

MOTHER

18. Full maiden name EVA EMALINE KUNZ

19. Residence (usual place of abode) (If non-resident, give place and State) Victor Ida

20. Color or race Anglo Sax | 21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or Country) Rexburg Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work one year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living one (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Eva E. Dustin, ~~M.D.~~ Mother

or ....., Midwife

Address Victor Idaho

Give name added from a supplemental report .....
(Date of)

Filed MAR 21 1939, 193....

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Teton } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Eva E. Dustin being first duly sworn says that
she is the mother of Reuben Merritt Drake
(Relationship of child)*
born 26th of April 1912 at Victor, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Reuben Merritt Drake
hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Lavina P. Drake ~~M. D.~~ was the Midwife medical attendant at the birth of said Reuben Merritt Drake and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Eva E. Dustin
P. O. Address Victor Idaho.

Subscribed and sworn to before me this 20th day of March, 1939.

J. D. Laurilzen
Notary Public.
Residing at Victor, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

817-130-29-697

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more th... one child at birth a Separate Return must be made for each, and the number of each, in order ...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277527

1. PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St. MAR 22 1939

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Lowery Hall

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			Yes	Yes	Mar. 30, 1912

FATHER		MOTHER	
9. Full name	William Washington Hall	18. Full maiden name	Lillie May Fix
10. Residence (usual place of abode) (If non-resident, give place and State)	Juliaetta	19. Residence (usual place of abode) (If non-resident, give place and State)	Juliaetta
11. Color or race	White	20. Color or race	White
12. Age at last birthday	40 (years)	21. Age at last birthday	36 (years)
13. Birthplace (city or place) (State or Country)	Hardin, Missouri	22. Birthplace (city or place) (State or Country)	Dayton Washington
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Own Home
16. Date (month and year) last engaged in this work	Mar. 30, 1912	25. Date (month and year) last engaged in this work	Mar. 30, 1912
17. Total time (years) spent in this work	19	26. Total time (years) spent in this work	18

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead One (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 8 P. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) W W Hall, M. D.

or Father, ~~Midwife~~

Address Route #3, Moscow, Idaho

Filed MAR 22 1939, 193...

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

W. W. Hall and Lillie M. Hall being first duly sworn says that James Lowery Hall is the Son (Relationship of child)* of William Washington Hall and Lillie May Hall

born March 30, 1918 (Date of birth) at Juliaetta, Idaho,

whose certificate of birth is hereto attached, and that they desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said James Lowery Hall

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no medical attendant at the birth ~~M. D. was the Midwife medical attendant at the birth of said~~ and that ~~the said medical attendant is~~ (Now deceased (or) cannot be located)

Name of Affiant W W Hall Moscow, Idaho

P. O. Address Lillie M. Hall Moscow, Idaho

Subscribed and sworn to before me this 20th day of March, 19 39

Jack McQuade
Notary Public.

Residing at Moscow, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

154-126-039-619

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Power

City of A Rockland Idaho

No. Home St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 4 1939

CERTIFICATE OF BIRTH

277535

Registration District No. 25 State File No.

Prim. Registration District No. 2072 Local Registrar's No. 21

2. FULL NAME OF CHILD Floyd Edward Anderson

3. Sex Male

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth July 26, 1912 (Month, Day, Year)

9. Full name FATHER Peter Augustus Anderson

10. Residence (usual place of abode) (If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Sturgeon Bay Wis

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Now, 1912

17. Total time (years) spent in this work 5 Yrs

18. Full maiden name MOTHER Barbara Warner

19. Residence (usual place of abode) (If non-resident, give place and State) Rockland Idaho

20. Color or race W | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Rockland Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Now, 1912

26. Total time (years) spent in this work 5 Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 6 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report (Date of)

Registrar.

(Signed) V G Logan, M. D.

or , Midwife

Address Rockland Idaho

Filed 3-29, 1939 Irene Daling Registrar.

243-214 0428B

278468

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 278468

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Twin Falls Idd.
City of Twin Falls
No. 253 Ninth Ave South
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Josephine Bulles

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Nov 14, 1912 (Month, Day, Year)

FATHER

9. Full name Charles Arthur Bulles

10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls

11. Color or race White | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Grinnell Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bay Goods Dept. Store

16. Date (month and year) last engaged in this work September, 1912

17. Total time (years) spent in this work two

MOTHER

18. Full maiden name Florence Hazel Hatch

19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls Idd.

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Robinson Colorado

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ..... 19....

26. Total time (years) spent in this work four

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate by Dr. J. R. Morgan (Head)

28. Number of children of this mother (At time of this birth and including this child)
Two (a) Born alive and now living ..... (b) Born alive but now dead X (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ..... , M. D.
or Bertha G. Wilson R.N., ~~Midwife~~
Address 415 - 3rd Ave. N. Twin Falls Ida,

Filed APR 19 1939, 193....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DECEASED

DUP OF 1912-9722

DELAYED

A485-108 040-296

280667

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 19 1939

Registration District No. ____ State File No. 280667

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Shoshone
City of Mullen
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William Clinton Myers

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? yes

8. Date of birth Jan. 8, 1912 (Month, Day, Year)

FATHER

9. Full name: William Peril Myers

10. Residence (usual place of abode) (If non-resident, give place and State): Murray

11. Color or race: white | 12. Age at last birthday: 61 (years)

13. Birthplace (city or place) (State or Country): Roger Springs Tennessee -U.S.A

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: own Farm

16. Date (month and year) last engaged in this work: May, 1920

17. Total time (years) spent in this work: 50

MOTHER

18. Full maiden name: Alice May Brooks

19. Residence (usual place of abode) (If non-resident, give place and State): Kellogg

20. Color or race: white | 21. Age at last birthday: 30 (years)

22. Birthplace (city or place) (State or Country): ? IDAHO

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home

25. Date (month and year) last engaged in this work: MARCH, 1924

26. Total time (years) spent in this work: 30 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____ (Date of)

Filed (illegible), 193__

Registrar. ____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

Leona Guthrie being first duly sworn says that she is the aunt (Relationship of child)* of William Clinton Myers born January 8, 1912 (Date of birth) at Mullen, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said William Clinton Myers hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ——— None ——— M. D. was the Midwife medical attendant at the birth of said ——— and that the said medical attendant is ——— (Now deceased (or) cannot be located)

Name of Affiant Leona Guthrie

P. O. Address Palmdale, Route 1 Box 23,

Subscribed and sworn to before me this 15th day of June, 1939

Margaret G Meenan
NOTARY PUBLIC Notary Public.
In and for the County of Los Angeles, State of California

Residing at My Commission Expires April 6, 1945, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 2 8 1953

415 219 014 177

RECEIVED
JUN 21 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 280786

1. PLACE OF BIRTH
County of CANYON-PAYETTE.
City of PAYETTE, IDAHO
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 4. State File No. .....
Prim. Registration District No. 1008 Local Registrar's No. 76.

2. FULL NAME OF CHILD LELA FAY MANIS (MRS. VENDY PHILLIPS)

3. Sex FEMALE | If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth First | 6. Premature No. Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec. 19, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name WALTER LEWIS MANIS	18. Full maiden name NELLIE BESSIE APPLEGATE
10. Residence (usual place of abode) (If non-resident, give place and State) PAYETTE, ID	19. Residence (usual place of abode) (If non-resident, give place and State) PAYETTE, ID
11. Color or race W. | 12. Age at last birthday 32 (years)	20. Color or race W. | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) CARSVILLE KENTUCKY	22. Birthplace (city or place) (State or Country) PAYETTE IDAHO.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ----------

28. Number of children of this mother (At time of this birth and including this child) 3.
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

(Signed) Sala Manis Grandmother, M. D.
or MIDWIFE, Midwife
Address PAYETTE, IDAHO, R.F.D. NO. 1.
Filed 6/17/39, 193.. J. C. Woodward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

6/11/41 L. B.

DECEASED

415 219 014-177

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of CANYON-PAYETTE.

City of PAYETTE, IDAHO

No. ..... St.

(If born in hospital or institution give name.)

JUN 21 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 280787

Registration District No. 4. State File No. .....

Prim. Registration District No. 1008. Local Registrar's No. 75

2. FULL NAME OF CHILD LENA MAY MANIS

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other Twin 5. Number, in order of birth Second	No Full term Yes	Yes	Dec 19, 1912 (Month, Day, Year)

	FATHER	MOTHER
9. Full name / 18. Full maiden name	WALTER LEWIS MANIS	NELLIE BESSIE APPLEGATE
10. Residence (usual place of abode) (If non-resident, give place and State) / 19. Residence (usual place of abode) (If non-resident, give place and State)	PAYETTE, ID.	PAYETTE, ID.
11. Color or race / 20. Color or race	W	W.
12. Age at last birthday (years) / 21. Age at last birthday (years)	32	25
13. Birthplace (city or place) (State or Country) / 22. Birthplace (city or place) (State or Country)	CARSVILLE KENTUCKY	PAYETTE IDAHO
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	FARMER	HOUSEWIFE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work ....., 19.... / 25. Date (month and year) last engaged in this work ....., 19....		
17. Total time (years) spent in this work / 26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 4

(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) [signature] GRANDMOTHER, M. D.

or ..... MIDWIFE, Midwife

Address PAYETTE, IDAHO, R.F.D.NO. 1.

Filed 6/17/39, 193. [signature] Registrar.

OCT 15 1963

SEP 24 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH A653-1 W-2 01-944

County of Ada

City of Boise

No. Boise Barracks St.

(If born in hospital or institution give name.)

JUL 22 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

281901

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Roy Clair Wells Jr.

3. Sex

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth May 11th, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Roy Clair Wells	18. Full maiden name: Cornelia Rudy
10. Residence (usual place of abode) (If non-resident, give place and State): ~~Dec~~	19. Residence (usual place of abode) (If non-resident, give place and ~~State~~): ~~Washington D.C.~~
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 54 (years)	21. Age at last birthday: 44 (years)
13. Birthplace (city or place) (State ~~or Country~~): Sedalia Missouri	22. Birthplace (city or place) (State or Country): Vernal Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Soldier	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Artist
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Officer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Teacher
16. Date (month and year) last engaged in this work: Dec, 1934	25. Date (month and year) last engaged in this work: ....., 19....
17. Total time (years) spent in this work: 30	26. Total time (years) spent in this work: 15 ~~[illegible]~~ ars

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): One
(a) Born alive and now living: 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation: 9 mos. (months or weeks)

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~Capt. Wolcott~~, M. D.

or ~~signed by~~ Mr. Cornelia R. Wells, ~~Midwife~~

Address ~~United States Army~~

Give name added from a supplemental report .....

(Date of)

Filed JUL 22 1939, 193.....

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

~~State~~ of Washington
~~County of~~ District of Columbia } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Roy C. Wells Sr. being first duly sworn says that she is the Mother of Roy Clair Wells Jr.
(Relationship of child)*

born Saturday May 11th 1912 at Boise Barracks, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Roy Clair Wells Jr hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Captain Wheat M. D. ~~was the Midwife~~ medical attendant at the birth of said Roy Clair Wells Jr and that the said medical attendant is I believe still in the Army Service
(Now deceased (or) cannot be located)

Name of Affiant Mrs Roy C Wells Sr.
P. O. Address 2120 Penna, Avenue N.W.

Subscribed and sworn to before me this 17th day of July, 1939

Laura D Paffel
Notary Public.

Residing at Washington D.C. ~~, Idaho.~~

My Commission Expires June 1st 1944

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

386-165-016-613

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED JUL 31 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

281941

CERTIFICATE OF BIRTH

281941

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Orval Lovell Thompson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	5 July 1912 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? drops

Number of child of this mother, including present birth 1st (a) Born alive and now living .....

Born alive but now dead dead Stillborn no

FATHER	MOTHER
FULL NAME Orval Claudis Thompson	FULL MAIDEN NAME Leonora Wallworth
Residence (Usual place of abode) Burley	Residence (Usual place of abode) Burley
If nonresident, give place and State	If nonresident, give place and State .....
Color or race white Age at last Birthday 34 (Years)	Color or race white Age at last Birthday 34 (Years)
Birthplace Brigham City Utah (City and State or Country)	Birthplace Almy Wyoming (City and State or Country)
Occupation farmer	Occupation house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 12-30 noon M. on the date above stated.

(Signature) .....

(Physician or midwife)

Address Ann Hansen

Filed 7 July 1912 N Malta Burley Ida
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-164-016-386

281981

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED AUG 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 281981

1. PLACE OF BIRTH
County of Cassia
City of Burley
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Alonzo Anderson

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth March 14 1912 (Month, Day, Year)

FATHER

9. Full name Edwin Mouritz Anderson

10. Residence (usual place of abode) (If non-resident, give place and State) Burley, Idaho

11. Color or race White | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country) Pleasant Grove Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Laura Thornton

19. Residence (usual place of abode) (If non-resident, give place and State) Burley Idaho

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or country) American Fork Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work March 14, 1912

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Six
(a) Born alive and now living Yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Mrs. Thomas Dahlquist, Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed Aug. 10, 1939 Mae G. Attwood
Registrar. State Registrar.

MAY 31 1973

815-221-001-418

PLACE OF BIRTH

County of Ada

City of Boise

No. Manitou Street St.

Rt. 5

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

282020

Registration District No. 8 State File No.

Prim. Registration District No. 2004 Local Registrar's No. 5

2. **FULL NAME OF CHILD** Grace Marie Hansen.

3. Sex 7 | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Apr 21, 1912 (Month, Day, Year)

FATHER

9. Full name Julius L Hansen Rt 5

10. Residence (usual place of abode) (If non-resident, give place and State) So Boise

11. Color or race W | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. order clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. at Falk's

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Cora Mayo.

19. Residence (usual place of abode) (If non-resident, give place and State) So Boise

20. Color or race W | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Wisconsin

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10.30 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

(Signed) John Bock, M. D.

or ....., Midwife

Address Boise Idaho

Filed 7-21, 1939 R. Sharp
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAR 1 1 1970

DELAYED

Dup OD1912-5679

819-108-001-231

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

282975

AUG 26 1939

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Ida

City of Boise, Idaho

No. 1414 N. 15th St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD W Sherman Harer

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth June 8, 1912 (Month, Day, Year)

FATHER

9. Full name W Sherman Harer

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race White | 12. Age at last birthday 46 (years)

13. Birthplace (city or place) (State or Country) Portland, Oregon

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad

16. Date (month and year) last engaged in this work June 8, 1912

17. Total time (years) spent in this work 14 yrs.

MOTHER

18. Full maiden name Mary Valette Scarborough

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

20. Color or race White | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or Country) Franklin, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work June 8, 1912

26. Total time (years) spent in this work 0

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1 % Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillborn _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 8 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Valette S. Harer, Mother, or _____, Midwife

Address 1707 Cedar St. La Grande Ore.

Give name added from a supplemental report _____ (Date of)

Filed AUG 26 1939 193_____

Registrar. Registrar.

HIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, write plainly and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon }
County of Union } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Valette S. Haver being first duly sworn says that

She is the Mother of W. Sherman Haver
(Relationship of child)*

born June 8 - 1912 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said W. Sherman Haver

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. P. Allister M. D. was the Midwife medical attendant at the birth of said W. Sherman Haver and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Valette S. Haver

P. O. Address

Subscribed and sworn to before me this 19 day of August, 19 39

Henry J. Kill
Notary Public. Oregon

Residing at Halsaude Oregon., ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires Oct 2, 1942

A 395-203-006-219

1. PLACE OF BIRTH

County of Bingham

City of Shelton Ward

No. ranch St.

(If born in hospital or institution give name.)

SEP 5 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

283044

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Audrey Lynne Kinsey

3. Sex Female

If plural births: 4. Twin, triplet, or other XXX; 5. Number, in order of birth XXX

6. Premature XX; Full term Yes

7. Legitimate? Yes

8. Date of birth Jan. 2, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Ben Lee Kinsey	18. Full maiden name Minnie Delia Bain
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
11. Color or race White; 12. Age at last birthday 26 (years)	20. Color or race White; 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Harlan, Iowa	22. Birthplace (city or place) (State or Country) Eaglerock, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper man	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Newspaper	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Jan., 1912; 17. Total time (years) spent in this work about 5	25. Date (month and year) last engaged in this work Dec., 1911; 26. Total time (years) spent in this work about 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn .....

29. If stillborn, period of gestation XXXXX months or weeks

30. Cause of Stillbirth XXXXX Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed SEP 5 1939, 193...

Registrar.

K

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Santa Clara } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Minnie Delia Kinsey being first duly sworn says that she is the mother (Relationship of child)* of Audrey Lynne Kinsey born January 2, 1918 (Date of birth) at Bingham Co. Shelton Land, Idaho, whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Audrey Lynne Kinsey hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Sarah Finnley - Midwife M. D. was the Midwife medical attendant at the birth of said Audrey Lynne Kinsey and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Minnie Delia Kinsey

P. O. Address 2611 Logan Avenue, San Diego, Cal

Subscribed and sworn to before me this 28th day of August, 19 39

Harold Holden
Notary Public.

Residing at Morgan Hill, Calif., Idaho.

Santa Clara County

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 26 1960
FEB 17 1967

File Date **0620 1912** IDAHO LIVE BIRTHS **Cert No 1912 006709**

Birth Date **0619 1912**

Birth Time **0200 M**

CHLD NME Fst **LILLIAN** Mdl **ADELINE**

Lst **KINSEY** Sfx Sex **F**

CHNG NME Fst Mdl

Lst Sfx

BIRTH COUNTY LIN GOODING

MTHR NME Fst **MINNIE** Mdl **ADELINE**

Lst **BAIN** Sfx Age **21** Brthst **ID**

FTHR NME Fst **BEN** Mdl **LEE**

Lst **KINSEY** Sfx Age **25** Brthst **IA**

	Ind	Date	Init	Ind	Date	Init	Ind	Date	Init	Ind	Date	Init
Amend:												
Change:	**O**	**01121996**	**UNK**									
Action:												

Comments HWVB10IP HWVB10IM

PA1-Exit PF7-Back PF8-Next PF9-Add PF12-Update PF13-Search PF14-Print
PF17-Name-Change PF20-Override PF22-Delete PF23-Move

hold on delayed record for AUDREY born 1/2/12
sibling non delayed born 6/19/12

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 392-102-082-263

County of Twin Falls

City of Twin Falls

No. ..... St.

(If born in hospital or institution give name.)

SEP 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 283064

283064

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Richard Sikker

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term ✓	Yes	1-2-1912 193 (Month, Day, Year)

FATHER		MOTHER	
9. Full name	John Sikker	18. Full maiden name	Anna Bat
10. Residence (usual place of abode) (If non-resident, give place and State)	Twin Falls	19. Residence (usual place of abode) (If non-resident, give place and State)	Twin Falls
11. Color or race	White	12. Age at last birthday	25 (years)
20. Color or race	White	21. Age at last birthday	23 (years)
13. Birthplace (city or place) (State or Country)	Holland	22. Birthplace (city or place) (State or Country)	Holland
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	own home
16. Date (month and year) last engaged in this work ....., 19.....		17. Total time (years) spent in this work	3 yrs.
25. Date (month and year) last engaged in this work ....., 19.....		26. Total time (years) spent in this work	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother Second Child (At time of this birth and including this child)
(a) Born alive and now living ✓ (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Alta Sipkens (Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed 9-9-39, 193.....

Registrar.

Registrar.

AUG 2 3 1971

A621 107 008 - 796

1. PLACE OF BIRTH

County of Boise

City of Roseberry

No. ____ St. ____

(If born in hospital or institution give name.) ____

OCT 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284219

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD William Harold O'Kane

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? ✓

8. Date of birth Nov. 7, 1912 (Month, Day, Year)

FATHER

9. Full name: William Henry O'Kane

10. Residence (usual place of abode) (If non-resident, give place and State): Roseberry, Idaho

11. Color or race: White | 12. Age at last birthday: 34 (years)

13. Birthplace (city or place) (State or Country): Polo, Ogle Co., Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bank Cashier

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Bank

16. Date (month and year) last engaged in this work: Nov. 7, 1912

17. Total time (years) spent in this work: 2 yrs.

MOTHER

18. Full maiden name: Alta Amber Groff

19. Residence (usual place of abode) (If non-resident, give place and State): Roseberry, Idaho

20. Color or race: White | 21. Age at last birthday: 24 (years)

22. Birthplace (city or place) (State or Country): Fielding, De Kalb Co., (Fairdale) Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home

25. Date (month and year) last engaged in this work: Nov. 7, 1912

26. Total time (years) spent in this work: 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: 2 (At time of this birth and including this child)
(a) Born alive and now living: 2 (b) Born alive but now dead: 0 (c) Stillborn: 0

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of Stillbirth ✓ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 4:30A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed OCT 8 1939, 193__

Registrar. ____ Registrar.

MAR 31 1942

APR 2 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Colorado
City and County of Denver } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William Henry O'Kane being first duly sworn says that he is the Father of William Harold O'Kane
(Relationship of child)*

born Nov 7th 1912 at Roseberry, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said William Harold O'Kane hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant William Henry O'Kane

P. O. Address 1722 Williams St Denver Colo

Subscribed and sworn to before me this 3rd day of October, 1939

William H. Zook
My Commission Expires Notary Public.

~~Residing~~ at August 21st 1939, ~~Idaho~~.

Notary address 138 Bannock Street Denver Colorado

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 23 1971

A632-106028-295

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Koutney

City of Couer D'Alene

No. Indiana

RECEIVED OCT 16 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 284301

(If born in hospital or institution give name.)

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edward Earl Olson

3. Sex male

If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth Nov. 6, 1912 (Month, Day, Year)

FATHER

9. Full name Alfred Peter Olson

10. Residence (usual place of abode) (If non-resident, give place and State) Couer D'Alene

11. Color or race white 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw Mill Fireman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw Mill

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 1 year

MOTHER

18. Full maiden name Jessie D. King

19. Residence (usual place of abode) (If non-resident, give place and State) Couer D'Alene

20. Color or race white 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Meadows, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? yes

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth -- { During labor -- Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed Oct. 16, 1939

Registrar. .....

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

RECEIVED
OCT 16 1939

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA
County of Yuba } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Jessie D. Olson being first duly sworn says that she is the mother (Relationship of child)* of Edward Earl Olson born Nov. 6, 1912 (Date of birth) at Couer D'Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edward Earl Olson hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Woods M. D. was the Midwife medical attendant at the birth of said Edward Earl Olson and that the said medical attendant is aknown to me (Now deceased (or) cannot be located)

Name of Affiant Jessie D Olson

P. O. Address Camptonville, California

Subscribed and sworn to before me this 13th day of October, 1939

Notary Public.

Residing at Camptonville, California Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 2 1939

Registration District No. ____ State File No. 285401

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of SHOSHONE.
City of MASONIA.
No. 289 715040-243 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD KERMIT SHIFTY

3. Sex: MALE
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? YES
8. Date of birth APR. 15, 1932. (Month, Day, Year)

FATHER

9. Full name FRED SHIFTY.
10. Residence (usual place of abode) (If non-resident, give place and State) MASONIA
11. Color or race W. | 12. Age at last birthday ____ (years)
13. Birthplace (city or place) (State or Country) PENNSYLVANIA.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MINER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name ROSE SULZER.
19. Residence (usual place of abode) (If non-resident, give place and State) MASONIA
20. Color or race W. | 21. Age at last birthday ____ (years)
22. Birthplace (city or place) (State or Country) PENNSYLVANIA.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 13 (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead 5 (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks
30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE. at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) Mrs Rose Shifty, M.D.
or ____, Midwife
Address 1023 Utah Ave Butte Mont

Filed NOV 2 1939, 193____
Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of MONTANA } ss.
County of SILVER BOW.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....being first duly sworn says that

She is the MOTHER of KERMIT SHIFTY.
(Relationship of child)*

born APR-15-1912 at SHOSHONE COUNTY, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs Rose Shifty desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Kermit Shifty

.....hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Martisha Hilliard ~~M. D.~~ was the Midwife medical attendant at the birth of said Kermit Shifty and that the said medical attendant is Can not be located
(Now deceased (or) cannot be located)

Name of Affiant Mrs Rose Shifty

P. O. Address 1023 Utah Ave Butte Mont.

Subscribed and sworn to before me this 31st day of October, 19 39

Deputy L. Freeburn
Clerk of the District Court ~~of the Second~~ Notary Public.
Residing at ~~Judicial~~ District ~~of the State of Montana~~, Idaho.
and for the County of ~~Silver Bow~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

795701037553

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Owyhee

City of Grandview

No. ..... St. .....

(If born in hospital or institution give name.)

NOV 25 939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

285447

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Basil Max Gress

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Aug. 1, 1912 (Month, Day, Year)

FATHER

9. Full name: Howard Apsy Gress

10. Residence (usual place of abode) (If non-resident, give place and State) Grandview, Ida

11. Color or race W | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Flora Rosalind Nelson

19. Residence (usual place of abode) (If non-resident, give place and State) Grandview, Ida

20. Color or race W | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Three

(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Leo R Proctor, M. D.

or ....., Midwife

Address .....

Filed Nov. 16, 1939 Mae G. Atwood
State Registrar.

DELAYED

238 108-001 344

285464

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 17 1939

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Ada

City of Middleton, Idaho

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 285464

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wayne Henry ~~Schnecklot~~ Schnecklot

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth April 8, 1932 (Month, Day, Year)

FATHER	MOTHER
9. Full name Adolph J Schnecklith	18. Full maiden name Amy J Dudley
10. Residence (usual place of abode) (If non-resident, give place and State) Middleton Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Middleton Ida
11. Color or race White | 12. Age at last birthday 28 (years)	20. Color or race W | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Pomeroy Wash	22. Birthplace (city or place) (State or Country) Upper Lake Calif
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living Yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or Susie Black Chandler Midwife

Address Notus Ida

Give name added from a supplemental report .....
(Date of)

Filed ....., 193..

Registrar.

NOV 17 1939

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

K

DECEASED DELAYED

DUP OF 12-5483

A133-125 003-392

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of McCammon, Idaho

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED NOV 20 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 285482

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kenneth Allen

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Mar. 25, 1912 (Month, Day, Year)

FATHER

9. Full name Ernest Louis Allen

10. Residence (usual place of abode) (If non-resident, give place and State) Dewey, Utah

11. Color or race W | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) McCammon (State or Country) Idaho, U. S. A.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Signalman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U. P. Railroad

16. Date (month and year) last engaged in this work March 25, 1912

17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Effie Rose Lish

19. Residence (usual place of abode) (If non-resident, give place and State) Dewey, Utah

20. Color or race W | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) McCammon (State or Country) Idaho, U. S. A.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work March 25, 1912

26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed Nov. 20, 1939 Mae G Atwood

Registrar.

Registrar

DELAYED DUP OF 1912-5647

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ernest Louis Allen being first duly sworn says that he is the father (Relationship of child)* of Kenneth Allen born March 25, 1912 (Date of birth) at McCammon, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Kenneth Allen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Cooper M. D. was the Midwife medical attendant at the birth of said Kenneth Allen and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Ernest Louis Allen

P. O. Address RFD No. 1 McCammon, Idaho

Subscribed and sworn to before me this 15th day of November, 1939

J. A. Swanson
Notary Public.

Residing at Pocatello, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

285482

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 6 1939

Registration District No. 310 State File No. 285495

Prim. Registration District No. ____ Local Registrar's No. 34

1. PLACE OF BIRTH
County of Boise
City of Mc Call
No. 464208 08 231 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Laura Irene Douglass

3. Sex Female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 4 | 6. Premature ____ Full term X | 7. Legitimate? Yes | 8. Date of birth Nov 8, 1912 (Month, Day, Year)

FATHER

9. Full name William Edward Douglass
10. Residence (usual place of abode) (If non-resident, give place and State) Mc Call Ida
11. Color or race W. | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Mexico Mo

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm
16. Date (month and year) last engaged in this work Nov 8, 1912
17. Total time (years) spent in this work 21 yrs

MOTHER

18. Full maiden name Irene Blankenship
19. Residence (usual place of abode) (If non-resident, give place and State) Mc Call
20. Color or race W. | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Seneca Mo.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Nov 8, 1912
26. Total time (years) spent in this work 8 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at A.P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report William E Douglass (Date of)

(Signed) ____, M. D.
or Valeria McCall, Midwife
Address Mc Call Ida.
Filed Oct 31, 1939 Myrtle M. Gardner

Registrar. Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Valley } ss.

William Edward Douglass being first duly sworn says that he is the Father of Laura Irene Douglass
(Relationship of child)*

born May 8 - 1912 at Mc Call, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Laura Irene Douglass hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Valeria Mc Fall ~~M. D. was~~ the Midwife medical attendant at the birth of said Laura Irene Douglas and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant William Edward Douglass

P. O. Address Donnelly Idaho

Subscribed and sworn to before me this 28 day of October, 1939

Notary Public.

Residing at Donnelly, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A219-226022-345

286515

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fremont

City of Sugar City- Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 22 1939

Registration District No. ..... State File No. 286515

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Grace.Julia.Sargent-

3. Sex: Female

If plural births: 4. Twin, triplet, or other XXX; 5. Number, in order of birth XXX

6. Premature no; Full term yes

7. Legitimate? yes

8. Date of birth March-26-1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Albert.D.Sargent	18. Full maiden name: Ella.E.Lundberg.Sargent
10. Residence (usual place of abode) (If non-resident, give place and State): Sugar City-Id	19. Residence (usual place of abode) (If non-resident, give place and State): Sugar City-Idaho-
11. Color or race: White | 12. Age at last birthday: 53 (years)	20. Color or race: white | 21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Chapin-Ills- Morgan County-	22. Birthplace (city or place) (State or Country): Logan, Utah- Cache County
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroad Agent	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: OSL Railroad	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Deceased-died in Nov-1914
16. Date (month and year) last engaged in this work: Still agt-, 19	17. Total time (years) spent in this work: 13 years
25. Date (month and year) last engaged in this work: , 19	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation NO (months or weeks)

30. Cause of stillbirth ..... (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

Nov 21- 1939 (Date of)

E. D. Sargent
Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Nov. 22, 1939

Mae G. Atwood
State Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Box Elder } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Albert.D.Sargent being first duly sworn says that

He is the Father of Grace.Julia.Sargent
(Relationship of child)*

born March 26th- 1912 at Sugar City, Idaho., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Grace.Julia.Sargent.

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr.Shupe.... M. D. was the ~~MIDWIFE~~ medical attendant at the birth of said Grace. Julia. Sargent and that the said medical attendant is Cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant A. D. Sargent

P. O. Address Tremonton, Utah.

Subscribed and sworn to before me this 21 day of November, 1939

John J. Summerhays
Notary Public.

Residing at Tremonton, Utah. ~~Idaho~~ Utah.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

214 118039 432

2865-11

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

286517

NOV 22 1939

1. **PLACE OF BIRTH**
County of Power
City of near American Falls,
No. ____ St. ____
Home Idaho
(If born in hospital or institution give name.)

Registration District No. 501 - 23 State File No. ____
Prim. Registration District No. 3972 Local Registrar's No. 108

2. **FULL NAME OF CHILD** Karl Kamff (Karl Kampf)

3. Sex: male

If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth —

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth Sept. 18, 1912 (Month, Day, Year)

FATHER

9. Full name: Chas. Kamff

10. Residence (usual place of abode) (If non-resident, give place and State): Power co Idaho

11. Color or race: white | 12. Age at last birthday: 33 (years)

13. Birthplace (city or place) (State or Country): Meredosia Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work: Now, 1912

17. Total time (years) spent in this work: 2 years

MOTHER

18. Full maiden name: Nancy Elizabeth McKinley

19. Residence (usual place of abode) (If non-resident, give place and State): Power co Idaho

20. Color or race: white | 21. Age at last birthday: legal age (years)

22. Birthplace (city or place) (State or Country): Kentucky Henderson co

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own Home

25. Date (month and year) last engaged in this work: now, 1912

26. Total time (years) spent in this work: —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at — m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

Registrar.

(Signed) Genevieve Nolte R.N., M. D.

or ____, Midwife

Address American Falls, Idaho

Filed 11-21, 1939 Irene Fahling Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 24 1939

Registration District No. ..... State File No. 286519

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Ada

City of Star

No. A757 107 001 245 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Lester Gephardt

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term Yes	Yes	12/7/1912 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William Jennings Gephardt	18. Full maiden name: Lula May Bunnell
10. Residence (usual place of abode) (If non-resident, give place and State): Star Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Star Ida.
11. Color or race: White | 12. Age at last birthday: 34 (years)	20. Color or race: White. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Huntington Indiana	22. Birthplace (city or place) (State or Country): Mason Grundy Illinois
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer 16. Date (month and year) last engaged in this work: November, 1913 17. Total time (years) spent in this work: 34 yrs.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife 25. Date (month and year) last engaged in this work: 11/17/, 1939 26. Total time (years) spent in this work: 45 Yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): 3 Children
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report November 17 Th1940
(Date of)

Filed Nov, 1939

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William Jenings Gephardt being first duly sworn says that he is the Father (Relationship of child)* of George Lester Gephardt

born December 7 Th. 1912 (Date of birth) at Star Ada County, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said George Lester Gephardt

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs Shobar was the Midwife medical attendant at the birth of said George Lester Gephardt and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant William Jennings Gephardt

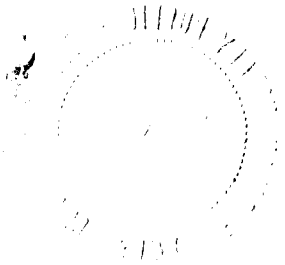
P. O. Address 6029 Falcon Ave. Long Beach Calif.

Subscribed and sworn to before me this 17 Th. day of November, 1939

Edward F. Bryan
Notary Public.

My Commission Expires July 28 1940 Residing at Long Beach Calif.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

286552

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Nez Perce
City of Vollmer Idaho
No. 381 114 035 864 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 286552
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Bruce Chapman

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 14, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Albert Chapman	18. Full maiden name Nora Estalene Young
10. Residence (usual place of abode) (If non-resident, give place and State) Vollmer Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Vollmer Ida
11. Color or race White 12. Age at last birthday [illegible] (years)	20. Color or race White 21. Age at last birthday [illegible] (years)
13. Birthplace (city or place) (State or Country) Iowa	22. Birthplace (city or place) (State or Country) Dayton Wash
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work present, 1912	25. Date (month and year) last engaged in this work present, 1912
17. Total time (years) spent in this work 68 yrs	26. Total time (years) spent in this work 12 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or Mrs. M. J. Chapman, Midwife
Address Vollmer Ida

Give name added from a supplemental report .....
(Date of)

Filed 12/9/39 Registrar.

Information Filed Nov Mrs, 193 Nora E Chapman Mother
Mrs M J Chapman being dead.
Registrar.

AFFIDAVIT

Nora E. Chapman, being duly sworn upon oath, deposes and says, that she is the mother of Robert B. Chapman; that he was born in Vallmer in Nez Perce County, Idaho, June 14-1912.

Nora E Chapman

Subscribed and sworn to before me this 29 day of November.

G. [illegible]

NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON THEREIN. MY COMMISSION EXPIRES JULY 21, 1941.

DEC 21 1953

962-223 0144-386

276586

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Nampa R.F.D.

No. Deer Flat St.

(If born in hospital or institution give name.)

RECEIVED DEC 02 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 286586

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Sheila Lee Roberts

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature yes Full term .....

7. Legitimate? yes

8. Date of birth Jan. 23, ~~190~~ 1912 (Month, Day, Year)

FATHER

9. Full name Walter Allen Roberts

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race white 12. Age at last birthday 23 (years)

13. Birthplace (city or place) Bunker Hill (State or Country) Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. (previous occupation Stenographer)

16. Date (month and year) last engaged in this work Stenographer March, 1910

17. Total time (years) spent as Farmer in this work 2 yrs.

MOTHER

18. Full maiden name Fannie Bessie Thornton

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race white 21. Age at last birthday 22 (years)

22. Birthplace (city or place) Star (State or Country) Ada Co., Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Stenographer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work Sept. 15, 1910

26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Geo. A. McKeevy, M. D.

or ....., Midwife

Address Nampa Idaho.

Filed Dec. 20, 1939 Mae E. Atwood, Registrar.

OCT 1 1968

MAY 23 1973

544 129 014 815

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of
No. St.
(If born in hospital or institution give name.)

364

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 11 1939

CERTIFICATE OF BIRTH

286606

Registration District No. 4 State File No.
Prim. Registration District No. 364 Local Registrar's No. 462

2. FULL NAME OF CHILD Clyde Francis Edmundson

3. Sex: male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term
7. Legitimate? yes
8. Date of birth March 29 1912 (Month, Day, Year) 1912

FATHER

9. Full name Lewis Francis Edmundson
10. Residence (usual place of abode) Homestead in Canyon Co (If non-resident, give place and State)
11. Color or race white | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Chatauqua (State or Country) Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work , 19
17. Total time (years) spent in this work all his life

MOTHER

18. Full maiden name Georgiana Henson
19. Residence (usual place of abode) Canyon Co. (If non-resident, give place and State)
20. Color or race white | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) Nortonville (State or Country) Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. teacher
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work Jan , 1910
26. Total time (years) spent in this work seven

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother First (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation months or weeks
30. Cause of Stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

(Signed) J Barazzotto, M. D.
or , Midwife
Address Nyssa Ore
Filed 11-30, 1939 Ruth Hill
Registrar.

AUG 4 1943

287530

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 8 1940

Registration District No. ____ State File No. 287530

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH — 239-234-028-745
County of Kootenai
City of Coeur d'Alene
No. 728-28 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Margaret Isabelle Blist

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? ____
8. Date of birth Dec [illegible] 1939 12
(Month, Day, Year)

FATHER

9. Full name Albert Frances Blist
10. Residence (usual place of abode) (If non-resident, give place and State) 39
11. Color or race White
12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grocery Store
16. Date (month and year) last engaged in this work Dec 1, 1937
17. Total time (years) spent in this work 30

MOTHER

18. Full maiden name Isabel Gunderson
19. Residence (usual place of abode) (If non-resident, give place and State) Everett Mass
20. Color or race White
21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or Country) Aitkin Minn

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended the~~ know of birth of this child, who was born Alive at 3A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Albert Frances Blist Father. M.D.

or ____, Midwife

Address 112 Sherman Ave Coeur d'Alene Idaho

Give name added from a supplemental report ____
(Date of)

Filed Jan 8, 1940

Registrar. ____ Registrar.

WRITE PLAINLY WITH UNFADING INK. Only one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Kootenai } ss.

Albert Frances Blick being first duly sworn says that he is the Father of Margaret Isobelle Blick
(Relationship of child)*

born December 24, 1915 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Margaret Isobelle Blick hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hunter M. D. was the Midwife medical attendant at the birth of said Margaret Isobelle Blick and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Albert Frances Blick

P. O. Address 117 Sherman Ave Coeur d'Alene Idaho

Subscribed and sworn to before me this 6th day of January, 1940

K Gardner
Notary Public.

Residing at Coeur d'Alene Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 1 3 194

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 864-220 Local No. 028-148

County of Kootnes

City of Coeur d'Alene Ida.

No. 4th St. St. JAN 26 1940

Home.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

2 88805

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 288805

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Marie Hoertz

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature yes Full term ..... 7. Legitimate? yes

8. Date of birth Feb. 20, 1932 (Month, Day, Year) 1940

	FATHER	MOTHER
9. Full name	Peter Charles Hoertz	
18. Full maiden name		Elsie Adaline Aubert ~~Hoertz~~
10. Residence (usual place of abode) (If non-resident, give place and State)	Coeur d'Alene	
19. Residence (usual place of abode) (If non-resident, give place and State)		Coeur d'Alene
11. Color or race	white	
12. Age at last birthday	~~65~~ 37 (years)	
20. Color or race		white
21. Age at last birthday		~~64~~ 36 (years)
13. Birthplace (city or place) (State or Country)	Ohio.	
22. Birthplace (city or place) (State or Country)		Cedar Rapids Iowa.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		5 yrs school teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Feed & Flour Mill	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		housekeeper rest of life.
16. Date (month and year) last engaged in this work	....., 1930	
25. Date (month and year) last engaged in this work		....., 19.....
17. Total time (years) spent in this work	20.	
26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) 3
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 7:30 PM on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) ....., M. D.

or Clara J Rose, Midwife

Address Republic Ida.

Filed 1-26-40 193.. Mae G Atwood

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288893

1. PLACE OF BIRTH
County of Gem
City of Sweet
No. 1855-227023-235 St.
(If born in hospital or institution give name.)

FEB 14 1940
Registration District No. ..... State File No. 288893
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Hench, Caryl Grace

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term X	Yes	August 27, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name Henry Hench	18. Full maiden name Edith Florence Stern
10. Residence (usual place of abode) (If non-resident, give place and State) Sweet, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Sweet, Idaho
11. Color or race White | 12. Age at last birthday 43 (years)	20. Color or race White | 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Iowa Co, Iowa	22. Birthplace (city or place) (State or Country) Washington Co. Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... 16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... 25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 1940

Registrar. Registrar.

DELAYED

DUP OF 12-10864

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of .....

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Henry Hench being first duly sworn says that

Caryl is the Daughter (Relationship of child)* of Henry & Edith Hench

born August 27, 1912 (Date of birth) at Sweet, Gem County, Idaho,

whose certificate of birth is hereto attached, and that Henry Hench desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Caryl Grace Hench

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that DR. A. BYRD M. D. ~~Midwife~~ was the medical attendant at the birth of said Caryl Grace Hench and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Henry Hench

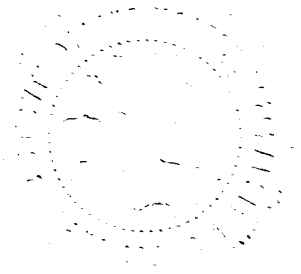
P. O. Address 505 E. 7th St. - Burbank, California

Subscribed and sworn to before me this 12th day of February, 1940

A. M. Richardson, Notary Public.

~~Residing at~~ Burbank, Calif., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Benewah
City of St. Maries, Ida
No. 563-216 005-215 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 288917

FEB 16 1940
Registration District No. ..... State File No. .....
Prim. Registration District No. 130 Local Registrar's No. 2

2. **FULL NAME OF CHILD** Ruth Marie Noland

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
F	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term yes	yes	Jan, 16th 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Ellis Adelbert Noland	18. Full maiden name Lila May Bannister
10. Residence (usual place of abode) St. Maries, Ida (If non-resident, give place and State)	19. Residence (usual place of abode) St. Maries, Ida (If non-resident, give place and State)
11. Color or race W | 12. Age at last birthday 45 (years)	20. Color or race W | 21. Age at last birthday 42 (years)
13. Birthplace (city or place) Cassville. Wisconson (State or Country)	22. Birthplace (city or place) Green Bay. Wisconson (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. C.M.St.P.& P. Ry. 16. Date (month and year) last engaged in this work Jan, 19 12 17. Total time (years) spent in this work 20	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home 25. Date (month and year) last engaged in this work Jan 1912, 19 26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Agno3 Sol

28. Number of children of this mother 4 (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Jan 16 1912 at 10p m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of) .....
Registrar.

(Signed) Owen D. Platt, M. D.
or ....., Midwife
Address St. Maries Idaho
Filed Feb. 10, 1940 Walter Boberg
Registrar.

MAR 23 1949

DECEASED

799 106 038 238

289 76V

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of PAYETTE

City of Fruitland

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 289965

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD WALTER PETER JOHN GRISCHKOWSKY

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term XX	yes	May 6, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name JOHN GRISCHKOWSKY	18. Full maiden name MARGERETHA SCHNEIDER
10. Residence (usual place of abode) Fruitland, Idaho (If non-resident, give place and State)	19. Residence (usual place of abode) Fruitland, Idaho (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 36 (years)	20. Color or race White | 21. Age at last birthday 33 (years)
13. Birthplace (city or place) Grimm, Russia (State or Country)	22. Birthplace (city or place) Grimm, Russia (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work May 6, 1912	17. Total time (years) spent in this work 14 years
25. Date (month and year) last engaged in this work May 6, 1912	26. Total time (years) spent in this work 15 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ..... , M. D.

or John Grischkowsky Father , ~~MIDWIFE~~

Address .....

Filed 3/14, 1940

Registrar.

53965

STATE OF IDAHO 289965

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of San Joaquin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

JOHN GRISCHKOWSKY being first duly sworn says that he is the father of WALTER PETER JOHN GRISCHKOWSKY
(Relationship of child)*

born May 6, 1912 at Fruitland, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that affiant desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said WALTER PETER JOHN GRISCHKOWSKY hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that MRS. TERESA TAUBERT was the Midwife medical attendant at the birth of said WALTER PETER JOHN GRISCHKOWSKY and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant John Grischkowsky

P. O. Address 511½ Tokay St., Lodi, California

Subscribed and sworn to before me this 17th day of February, 19 40

Bernard J. Cain
Notary Public.

Residing at Lodi, California, Idaho

My Commission Expires Jan. 6, 1942

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

[illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of [illegible]

County of [illegible]

[illegible] being first duly sworn says that

[illegible] is the father of [illegible]

(Relationship of child)

born May 6, 1912 at Emmett, Idaho

Date of birth

[illegible]

[illegible]

Date of birth of the said [illegible]

[illegible] hereto attached are true and correct

[illegible] and that this birth has not been previously recorded

[illegible]

Minute

medical attendant at the birth of said [illegible] and that

the said medical attendant is now deceased

(Now deceased (or cannot be located)

Name of Affiant [illegible]

P. O. Address [illegible] Lodi

Subscribed and sworn to before me this [illegible] day of February

Residing at Lodi, Calif.

If the father and mother are dead, and the next nearest kin shows the affidavit, state that fact in the affidavit, indicating [illegible] as brother, sister, cousin, etc.

[illegible] Commission Expires

289 106 003 249

289988

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Lava Hot Springs

No. Family residence 6 mi. St. North on U.S. Hiway 30N

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289988

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Freeman Justin Byington

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth August 6, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Norton Byington	18. Full maiden name Ettie Sophia Smithies
10. Residence (usual place of abode) Lava Hot Springs (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Lava Hot Springs (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 44 (years)	20. Color or race White 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Boxelder Co., Utah	22. Birthplace (city or place) (State or Country) Salt Lake Co., Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work August, 1912	25. Date (month and year) last engaged in this work August, 1912
17. Total time (years) spent in this work 11	26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 3 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis Kackley [signature], M. D.

or ....., Midwife

Address Soda Springs, Idaho

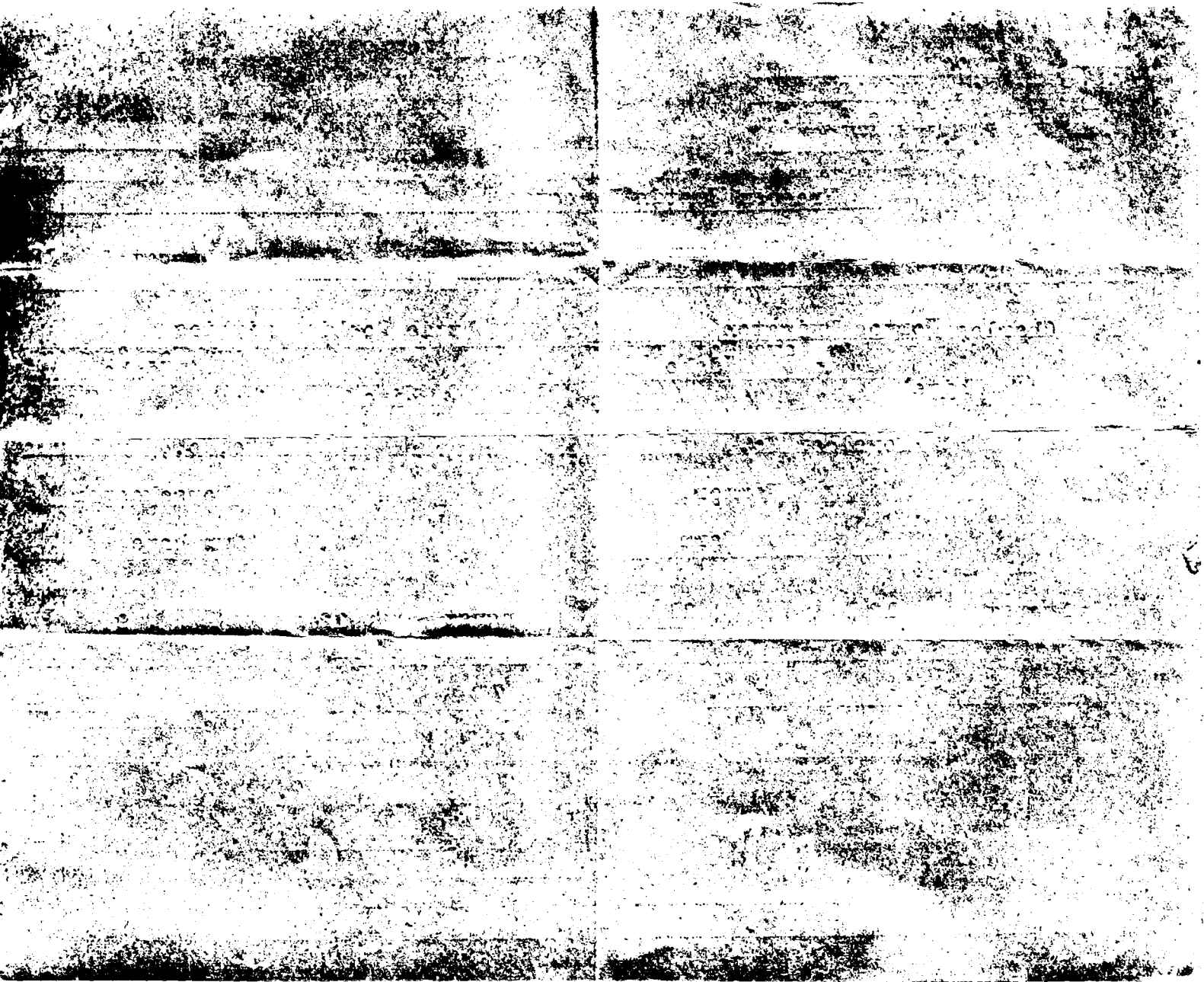
Give name added from a supplemental report .....

(Date of)

Registrar.

Filed Mar. 6, 1940 Mae G. Atwood Registrar.

Bureau of Vital Statistics



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Franklin

City of Dayton

No. A 799-230 021 759 St.

(If born in hospital or institution give name.)

STATE OF IDAHO 290030

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. MAR 20 1940 State File No. 290030

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Louva Perkins Griffeth

3. Sex Female

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth Mar. 30, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Patison DeLos Griffeth	18. Full maiden name Cloie Mendenhall Perkins
10. Residence (usual place of abode) (If non-resident, give place and State) Preston Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Preston Idaho
11. Color or race White | 12. Age at last birthday 31 (years)	20. Color or race White | 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Hyde Park Utah	22. Birthplace (city or place) (State or Country) Dayton, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Present, 19	25. Date (month and year) last engaged in this work Present, 19
17. Total time (years) spent in this work Lifetime	26. Total time (years) spent in this work Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag NO3 1%

28. Number of children of this mother (At time of this birth and including this child) 1

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) , M. D.

or , Midwife

Address

Give name added from a supplemental report (Date of)

Filed , 1940

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

390039

MAR 21 1940

State of Idaho }
County of Franklin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Patison DeLos Griffeth being first duly sworn says that

he is the Father of the child
(Relationship of child)*

born Mch 30th 1912 at Dayton, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Louisa Perkins Griffeth hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Allen R Cutler Sr. M. D. was the Midwife medical attendant at the birth of said ~~Patison DeLos Griffeth~~ Louisa Perkins Griffeth and that the said medical attendant is now dead
(Now deceased (or) cannot be located)

Name of Affiant Patison DeLos Griffeth

P. O. Address Preston Idaho

Subscribed and sworn to before me this 16 day of March, 1940

Arthur Nash
Notary Public.

Residing at Preston, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

594-227.014-127

291079

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291079

APR 19 1940

1. PLACE OF BIRTH

County of Canyon

City of Wilder, Idaho

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. 361 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 104

2. FULL NAME OF CHILD Mildred Irene Eidemiller

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth September 27, 1912 (Month, Day, Year)

FATHER

9. Full name Glenn Maurice Eidemiller

10. Residence (usual place of abode) (If non-resident, give place and State) Wilder, Idaho

11. Color or race white 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Bertha Lillie Aspinall

19. Residence (usual place of abode) (If non-resident, give place and State) Wilder, Idaho

20. Color or race white 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Ohio

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10:30 A. M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) C. M. Kaley, M. D.

or C. M. Kaley, M. D., Midwife

Address Caldwell, Idaho

Filed 4-18, 1940

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

DUP OF 1912-5365

196-226-001-353

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 613 Idaho St.

RECEIVED

APR 20 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291111

Registration District No. 370 State File No.

(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Paulita Arostegui

3. Sex	If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth	6. Premature; Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
F			yes	Jan. 26 1932

FATHER	MOTHER
9. Full name Joseph Arostegui	18. Full maiden name Cruda Tellería
10. Residence (usual place of abode) (If non-resident, give place and State) 613 Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) 613 Idaho
11. Color or race W. | 12. Age at last birthday 28 (years)	20. Color or race W. | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Spain (Basco)	22. Birthplace (city or place) (State or Country) Spain (Basco)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Present time 19 | 17. Total time (years) spent in this work 19	25. Date (month and year) last engaged in this work 19 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% argyrol.

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks ✓ | 30. Cause of stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Fred A Pulenger, M. D.

or , Midwife

Address Boise Idaho

Filed 4-17, 1940 N. Sharp

Registrar.

JAN 20 19

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 386 109 029 234

County of Latah

City of Linden PO

No. — St.

Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 23 1940

CERTIFICATE OF BIRTH

292200

Registrar's District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Daniel Guilton Eyons

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth April 9, 1912 (Month, Day, Year)

FATHER

9. Full name Frank Clay Eyons

10. Residence (usual place of abode) (If non-resident, give place and State) Linden P.O.

11. Color or race White | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Biggs Calif

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work April 8th, 1912

17. Total time (years) spent in this work 16

MOTHER

18. Full maiden name Ida May Sturdevant

19. Residence (usual place of abode) (If non-resident, give place and State) Linden P.O

20. Color or race White | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Neosho Newton Co. Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
One
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4:30 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.

or Mrs. Ellen Stark, Midwife

Address ____

Filed April 23, 1940 Mae G. Atwood
Registrar.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

743 11 7030-493

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

292265

CERTIFICATE OF BIRTH

Registration District No. 690 State File No. 292265

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Watson Charles Gutzman

Sex M

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature no Full term yes 7. Legitimate? yes

8. Date of birth Dec 17, 1932 (Month, Day, Year)

FATHER

Full name John Gutzman

Residence (usual place of abode) (If non-resident, give place and State) Salmon

Color or race W | 12. Age at last birthday 54 (years)

Birthplace (city or place) (State or Country) Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work all his life

MOTHER

18. Full maiden name Anna Drilla Miller

19. Residence (usual place of abode) (If non-resident, give place and State) Salmon

20. Color or race W | 21. Age at last birthday 47 (years)

22. Birthplace (city or place) (State or Country) Butte Mont.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work all life

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of children of this mother 9 (At time of this birth and including this child)

(a) Born alive and now living 9 (b) Born alive but now dead 0 (c) Stillborn 0

If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

If there was no attending physician or midwife, then the father, householder, etc., must make this return.

(Signed) Dr. Frank W. Wright, M. D.

or now deceased, Midwife

Name added from supplemental report .....

Address .....

(Date of)

Filed May 6, 1940 Elsie C. Bellamy
Registrar.

Registrar.

AUG 13 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Lemhi } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ISAAC F. GUTZMAN being first duly sworn says that he is the brother of Wilson Charles Gutzman
(Relationship of child)*

born Dec 17. 1912 at Salmon, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Wilson Charles Gutzman Salmon Idaho hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Frank Wright X M. D. was the Midwife medical attendant at the birth of said Wilson Charles Gutzman and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Isaac F. Gutzman

P. O. Address Salmon, Idaho

Subscribed and sworn to before me this 6th day of May, 19 40

Kenneth E. McBride
Notary Public.

Residing at Salmon Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 10 1942

AUG 13 1942

248-203001-4449

293336

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Highland Valley

No. Highland Valley St.

(If born in hospital or institution give name.)

RECEIVED MAY 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 293336

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Grace Ellen Smythe

3. Sex F. | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ } | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec 3, 1912 (Month, Day, Year)

FATHER

9. Full name Dion Smythe

10. Residence (usual place of abode) (If non-resident, give place and State) Highland Valley

11. Color or race W | 12. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Nettie Louisa Murphey

19. Residence (usual place of abode) (If non-resident, give place and State) Highland Valley

20. Color or race W | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) So. Dakota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother 7 (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ____ { months or weeks } | 30. Cause of stillbirth ____ { Before labor ____ During labor ____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 8:30 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

or Dion Smythe, Midwife

Address RECEIVED

Filed MAY 22 1940 193____

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

2734 12

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 5 1940

1. PLACE OF BIRTH
County of Sevin Li
City of Norchfork
No. 262-101-030-693 St.
(If born in hospital or institution give name.)

Registration District No. 690 State File No. 293412
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Lester Archie Basch

3. Sex m. | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term X | 7. Legitimate? Yes | 8. Date of birth Sept 1, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Herbert Wm. Basch	18. Full maiden name Ila Aurora Wilson
10. Residence (usual place of abode) (If non-resident, give place and State) Norchfork	19. Residence (usual place of abode) (If non-resident, give place and State) Norchfork
11. Color or race W. | 12. Age at last birthday 30 (years)	20. Color or race W. | 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Sandy Oregon	22. Birthplace (city or place) (State or Country) Dallas Texas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store clerk	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work present, 19	25. Date (month and year) last engaged in this work present, 19
17. Total time (years) spent in this work 1	26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? AgNO3

28. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks | 30. Cause of Stillbirth Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive ~~or Stillborn~~) at 1:35 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles F Hammer, M. D.
or , Midwife
Address Salmon

Give name added from a supplemental report
(Date of)

Filed 6/3, 1940 Otto C. Bellamy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham

City of Maryland

No. Idaho St.

A962-122-006-169

(If born in hospital or institution give name.)

RECEIVED JUN 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293421

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Frances Robson

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate?	8. Date of birth June 22, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Frankland Robson	18. Full maiden name Elizabeth Jane Jordan
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White | 12. Age at last birthday ..... (years)	20. Color or race White | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Plain city Utah	22. Birthplace (city or place) (State or Country) Letonia Ohio
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work Life Time	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 1940

..... Registrar.

..... Registrar.

DUP OF 12-7718

DUP OF 1912-7718

DELAYED

293421

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1940

State of Idaho } ss.
County of Bannock }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elizabeth Jane Robson being first duly sworn says that she is the Mother (Relationship of child)* of John Francas Robson born June 22nd. 1912 (Date of birth) at Moreland, Bingham County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Francas Robson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary A. Hatch, ~~XXXX~~ was the Midwife medical attendant at the birth of said John Francas Robson and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant x Elizabeth Jane Robson

P. O. Address 540 North Main St. Pocatello, Idaho

Subscribed and sworn to before me this 5th. day of June, 1940

Theodore A. Gathe Jr.
Notary Public.

Residing at Pocatello, Idaho.

My Comm. Exp. Febr. 15, 1942.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH A93-117 RECEIVED JUN 7 1940 293428

County of SHOSHONE 040-318

City of KELLOGG

No. SUNNYSIDE DISTRICT St. HOME

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293428

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD STANLEY EDWARD NICOLL

3. Sex: MALE

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term ✓

7. Legitimate? ✓

8. Date of birth FEB. 17, 1917 (Month, Day, Year)

FATHER

9. Full name JOHN HENRY NICOLL

10. Residence (usual place of abode) KELLOGG (If non-resident, give place and State)

11. Color or race WHITE | 12. Age at last birthday 23 (years)

13. Birthplace (city or place) JOPLIN (State or Country) MISSOURI

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MINER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. BUNKER HILL MINE

16. Date (month and year) last engaged in this work _____, 1913

17. Total time (years) spent in this work 4 YRS

MOTHER

18. Full maiden name IDA CONSTANCE TAYLOR

19. Residence (usual place of abode) (If non-resident, give place and State) KELLOGG 18

20. Color or race _____ | 21. Age at last birthday 18 (years)

22. Birthplace (city or place) INDEPENDENCE (State or Country) MISSOURI

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ?V

25. Date (month and year) last engaged in this work ✓, 19_____

26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____ (Date of)

Filed June, 1940 Mae G. A. Wood Registrar.

_____ Registrar.

STATE OF IDAHO

293428

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED JUN

State of New York.
County of Kings } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Gretta Walters being first duly sworn says that she is the Aunt (Relationship of child)* of Stanley Nicoll born Feb 17, 1912 (Date of birth) at Kellogg, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Stanley Nicoll hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Mason, M. D., was the Midwife medical attendant at the birth of said Stanley Nicoll and that the said medical attendant is ~~(Now deceased (or)~~ cannot be located)

Name of Affiant Gretta Walters

P. O. Address 1383 E 48 St

Subscribed and sworn to before me this 4 day of June 1940

Benjamin Dienstag
Notary Public.

Residing at Kings, Idaho.

* **If the father and mother are dead, and the next nearest kin signs the affidavit state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

418 107 032 442

19346

RECEIVED JUN 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293462

RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lincoln
City of Richfield, Idaho. No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arthur Harris Mapes

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth August 7th 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Wm H. Mapes	18. Full maiden name Elizabeth Vlushek
10. Residence (usual place of abode) (If non-resident, give place and State) 36	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white | 12. Age at last birthday 37 (years)	20. Color or race white | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Wyandotte, Mich.	22. Birthplace (city or place) (State or Country) New York city. N. Y.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work Jan., 1917	17. Total time (years) spent in this work .....
25. Date (month and year) last engaged in this work ....., 19	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? — Arg. nit. 10%

28. Number of children of this mother 3 (At time of this birth and including this child) 3
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation — { months or weeks } | 30. Cause of Stillbirth — { During labor — Before labor — }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 6 9 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) [signature] M. D.

or ....., Midwife

Address .....

Filed June 12, 1940 Mae G. Atwood Registrar
Bureau of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293530

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Pollock.
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Nellie - Alane - Orwin.

3. Sex: female.
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth June 4 1912 (Month, Day, Year)

FATHER

9. Full name Chester - Charles - Orwin
10. Residence (usual place of abode) (If non-resident, give place and State) Pollock Ida
11. Color or race White 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Baily Idaho.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sheep Ranch.
16. Date (month and year) last engaged in this work June 4, 1912.
17. Total time (years) spent in this work 3 yrs

MOTHER

18. Full maiden name Nellie - Grace - Yoakum.
19. Residence (usual place of abode) (If non-resident, give place and State) Pollock Ida
20. Color or race White. 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Pendleton. Oregon.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home.
25. Date (month and year) last engaged in this work June - 4, 1912
26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Cyno.
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0
29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive. (Born Alive or Stillborn) at 9:00 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ..... , M. D.
or X Emma Woods , Midwife
Address Pollock Idaho
Filed June 12, 1912
..... Registrar.

SEP 3 1957

JUL 1 6 1968

AUG 3 0 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294682

CERTIFICATE OF BIRTH

294682

1. PLACE OF BIRTH
County of Ada
City of South Boise
No. A 9537140014296 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Raymond Allen Records

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Jan. 14, 193 12 (Month, Day, Year)

FATHER

9. Full name: Alfred Records

10. Residence (usual place of abode) (If non-resident, give place and State): So. Boise, Ida.

11. Color or race: W | 12. Age at last birthday: 29 (years)

13. Birthplace (city or place) (State or Country): Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Creamery

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Mary Edith Brown

19. Residence (usual place of abode) (If non-resident, give place and State): So. Boise, Ida.

20. Color or race: W | 21. Age at last birthday: 27 (years)

22. Birthplace (city or place) (State or Country): Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): Third
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 10:00 at A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed June 29, 1940

Registrar.

Registrar.

DELAYED

294682

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho)
County of Boise) ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Edith Records being first duly sworn says that she is the Mother (Relationship of child)* of Raymond Allen Records born Jan. 14, 1912 (Date of birth) at South Boise, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Raymond Allen Records hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Bowers, M. D., was the Midwife medical attendant at the birth of said Raymond Allen Records and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Edith Records

P. O. Address Boise, Route #3, Idaho

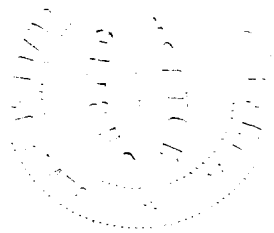
Subscribed and sworn to before me this 29th day of June, 19 40

Agnes Dunn
Notary Public.

Residing at Dane, Ida., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

APR 8 1974



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 5 1940

294726

1. PLACE OF BIRTH
County of Lewis
City of Nez Perce Idaho
No. 966127031966 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 294726
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lee Alson Rowe

3. Sex Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 4
6. Premature ..... Full term X
7. Legitimate? X
8. Date of birth Sept. 27, 1912 (Month, Day, Year)

FATHER
9. Full name Claude Edgar Rowe
10. Residence (usual place of abode) (If non-resident, give place and State) Nez Perce Idaho
11. Color or race white
12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Conover No Car.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Oct 1, 1925
17. Total time (years) spent in this work 15

MOTHER
18. Full maiden name Anna Barbara Rowe
19. Residence (usual place of abode) (If non-resident, give place and State) Nez Perce Idaho
20. Color or race white
21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Alex Oregon

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work 35

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead none (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Anna Barbara Rowe mother, M. D.
or X Claude Edgar Rowe father, Midwife

Give name added from a supplemental report .....
(Date of)

Address .....

Filed ....., 193.. .....
Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

294726

State of Washington
County of Asotin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Claude Edgar Rowe & Anna Barbara Rowe being first duly sworn says that he is the Father & Mother of Lee Alson Rowe
(Relationship of child)*

born Sept 27 1912 at Neg Perce, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that they desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lee Alson Rowe hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. L. Kelly, M. D., was the ~~Midwife~~ medical attendant at the birth of said Lee Alson Rowe and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Anna Barbara Rowe

P. O. Address Claude Edgar Rowe

Subscribed and sworn to before me this 1 day of July, 1940

A. N. Kagustad
Notary Public.

Residing at Clarkston Wash ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 22 1940

CERTIFICATE OF BIRTH

294928

Registration District No. ____ State File No. 294928

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Bingham
City of Fort Hall
No. A814 T14 006-719 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Charles Kelsey Hauke

3. Sex Male | If plural births: 4. Twin, triplet, or other -; 5. Number, in order of birth - | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug 14, 1912 (Month, Day, Year)

FATHER

9. Full name Charles Royce Hauke
10. Residence (usual place of abode) (If non-resident, give place and State) Fort Hall, Id
11. Color or race White | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Tacoma, Washington

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ft. Hall Irrigation Project
16. Date (month and year) last engaged in this work Aug 14, 1912
17. Total time (years) spent in this work 2

MOTHER

18. Full maiden name Lillian Marie Parus
19. Residence (usual place of abode) (If non-resident, give place and State) Fort Hall, Id.
20. Color or race White | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) White Rock, Nevada

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Aug. 14, 1912
26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know

28. Number of children of this mother (At time of this birth and including this child) None
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation No months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____
(Date of)

Filed ____, 1940

Registrar. Registrar.

STATE OF IDAHO

29492

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of ~~Idaho~~ Michigan
County of ~~Bingham~~ Wayne } ss.

Lillian Marie Parris Hawke being first duly sworn says that she is the mother (Relationship of child)* of Charles Kelsey Hawke born August 14, 1912 (Date of birth) at Fort Hall, Bingham County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charles Kelsey Hawke hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Wheeler of the Indian Field Service, M. D., was the ~~Midwife~~ medical attendant at the birth of said Charles Kelsey Hawke, and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Lillian Marie Parris Hawke

P. O. Address 321 E. Farnum, Royal Oak, Mich.

Subscribed and sworn to before me this 8th day of June, 19 40

Glenn D. Berry
Notary Public.

Residing at Detroit, Mich., ~~Idaho.~~

Notary Public, Wayne Co. Mich
My Commission expires 2-17-41

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia
City of Heglar
No. A236-224016-713 St.
(If born in hospital or institution give name.)

RECEIVED
JUL 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294953

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Esther Ava Scott

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth December 24 1912 (Month, Day, Year)

FATHER

9. Full name: Edwin Roy Scott

10. Residence (usual place of abode) (If non-resident, give place and State): Heglar, Idaho

11. Color or race: White | 12. Age at last birthday: 24 (years)

13. Birthplace (city or place) (State or Country): Dayton, Washington Columbia County

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: on Farm

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Electa Mabel Patterson

19. Residence (usual place of abode) (If non-resident, give place and State): Heglar, Idaho

20. Color or race: White | 21. Age at last birthday: 27 (years)

22. Birthplace (city or place) (State or Country): Pine City, Washington Whitman Co.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of Stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) None, M. D.

or None, Midwife

Address .....

Give name added from a supplemental report Edwin Roy Scott (Date of) 12/24/12

Filed July 22, 1940

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

294953

RECEIVED
JUL 22 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington } ss.
County of King }

Edwin Roy Scott being first duly sworn says that

He is the Father (Relationship of child)* of Esther Ava Scott

born December 24, 1912 (Date of birth) at Heglar, Cassia County, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Esther Ava Scott

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that none, M. D., was the Midwife

medical attendant at the birth of said and that

the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Edwin Roy Scott

P. O. Address 7537 Roosevelt Way, Seattle, Wash.

Subscribed and sworn to before me this 16th day of July, 1940

Anna E. Nordstrom
Notary Public.

Residing at Seattle, Wash., ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

296-109 014859

296075

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Nampa, Idaho

No. 315 10th Avenue St.

(If born in hospital or institution give name.)

RECEIVED

JUL 23 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 296075

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Le Roy Browning

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ~~Yes.~~ Full term .....

7. Legitimate? Yes.

8. Date of birth April 9, 1912 (Month, Day, Year)

FATHER

9. Full name: George Julius Browning

10. Residence (usual place of abode) (If non-resident, give place and State): 315 10th St., Nampa, Ida.

11. Color or race: White | 12. Age at last birthday: 24 (years)

13. Birthplace (city or place) (State or Country): Muscatine, Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookkeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sawmill

16. Date (month and year) last engaged in this work: April 9, 1912

17. Total time (years) spent in this work: 2 Years

MOTHER

18. Full maiden name: Arzella May Feight

19. Residence (usual place of abode) (If non-resident, give place and State): 315 10th St., Nampa, Ida.

20. Color or race: White | 21. Age at last birthday: 19 (years)

22. Birthplace (city or place) (State or Country): Missouri Valley, Iowa.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home

25. Date (month and year) last engaged in this work: April 9, 1912

26. Total time (years) spent in this work: 1 Year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid.

28. Number of children of this mother (At time of this birth and including this child): One (1).
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation: None. (months or weeks)

30. Cause of Stillbirth: None. (Before labor 0 / During labor 0)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 3a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) R. W. Quick, M. D.

or ....., Midwife

Address 56 Allen St., Midvale, Utah.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed July 23, 1940

Mae G. Attwood
Registrar.
Bureau of Vital Statistics

A396-124 008-319

296081

RECEIVED
JUL 24 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Boise
City of Van Wyck, Idaho
No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 296081

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Simeon Coonrod

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth July 24, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Arthur Francis Coonrod	18. Full maiden name Myrtle Carter
10. Residence (usual place of abode) (If non-resident, give place and State) Van Wyck	19. Residence (usual place of abode) (If non-resident, give place and State) Van Wyck
11. Color or race White | 12. Age at last birthday 26 (years)	20. Color or race White | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Columbus Kansas	22. Birthplace (city or place) (State or Country) Meeker, Colorado
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forester	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Forest	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work July 12, 1912 | 17. Total time (years) spent in this work 1 year	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed July 24, 1940 Mac G. Atwood
Registrar.

Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

296081

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Myrtle Conrad being first duly sworn says that She is the Mother of George Semeon Conrad
(Relationship of child)*

born July 24, 1912 at Van Wyck, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said George Semeon Conrad hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr George Noggle, M. D., was the ~~Midwife~~ medical attendant at the birth of said George Semeon Conrad and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mrs Myrtle Conrad

P. O. Address 1311 E State Boise

Subscribed and sworn to before me this 13 day of July, 1940

Florence E Watson
Notary Public.

Residing at Boise, Idaho.

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

239-116-039-239

296112

RECEIVED
JUL 24 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296112

1. PLACE OF BIRTH

County of Power
City of American Falls
No. On Farm. St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Luther Whitmore Stier

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Oct. 16, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Claude Whitmore Stier	18. Full maiden name: Grace Wallis Stier
10. Residence (usual place of abode) (If non-resident, give place and State) Am. Falls, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Am. Falls, Ida.
11. Color or race White 12. Age at last birthday 35 (years)	20. Color or race White 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Ellicott City, Howard County, Maryland	22. Birthplace (city or place) (State or Country) Forest Hill, Harford County, Maryland
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Public School
16. Date (month and year) last engaged in this work Nov. 1, 1938	25. Date (month and year) last engaged in this work June 28, 1908
17. Total time (years) spent in this work 16 years	26. Total time (years) spent in this work 5 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

(Signed) ....., M. D.
or Claude W. Stier Father, ~~Midwife~~
Address 1818 Everett Street
Filed July 24, 1940 Mae G. Atwood
Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

296112

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of CANYON } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

CLAUDE WHITMORE STIER being first duly sworn says that he is the Father (Relationship of child)* of Luther Whitmore Stier born October 16, 1912 (Date of birth) at American Falls, Power County, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Luther Whitmore Stier hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Richard Noth, M. D., was the Midwife medical attendant at the birth of said Luther Whitmore Stier and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Claude Whitmore Stier

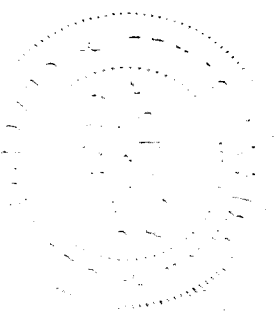
P. O. Address 1210 Everett Street

Subscribed and sworn to before me this 23 day of July, 19 40

Harriett Baker
Notary Public.

Residing at Caldwell, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 466-106-042-819

County of Twin Falls

City of Twin Falls

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296119

CERTIFICATE OF BIRTH

296119

JUL 25 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Glenn Franklin Moon

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth April 6, 1912 (Month, Day, Year)

FATHER

9. Full name Perry Moon

10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls

11. Color or race W | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Indianapolis Indianna

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Garage

16. Date (month and year) last engaged in this work June, 1930

17. Total time (years) spent in this work 22

MOTHER

18. Full maiden name Mabel Harmison

19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls

20. Color or race W | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Afton Wyoming

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11:A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mabel Moon Mother, M. D.

or ....., Midwife

Address Twin Falls, Idaho

Give name added from a supplemental report .....

(Date of)

Filed July 25, 1940 J.O. Pumphrey

Registrar.

Registrar.

STATE OF IDAHO

296119

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUL 25 1940

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mabel Moon being first duly sworn says that she is the Mother (Relationship of child)* of Glenn Franklin Moon born April 6 1912 (Date of birth) at Twin Falls, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Glenn Franklin Moon hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John R. Morgan, M. D., was the Midwife medical attendant at the birth of said Glenn Franklin Moon and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Mabel Moon

P. O. Address Twin Falls, Idaho

Subscribed and sworn to before me this 23rd day of July, 19 40

Notary Public.

Residing at Twin Falls, Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 663-104-028-314

1. PLACE OF BIRTH
County of Kootenai
City of Harrison
No. ____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296131

RECEIVED
JUL 29 1940

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 296131
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD James Alexander Wolfrom

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term —
7. Legitimate? Yes
8. Date of birth Nov. 4, 1892 (Month, Day, Year)

FATHER

9. Full name Jonas John Wolfrom
10. Residence (usual place of abode) (If non-resident, give place and State) ____
11. Color or race White | 12. Age at last birthday 48 (years)
13. Birthplace (city or place) (State or Country) Minnesota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Jessie Thompson Cadzow
19. Residence (usual place of abode) (If non-resident, give place and State) ____
20. Color or race White | 21. Age at last birthday 46 (years)
22. Birthplace (city or place) (State or Country) East Aurora New York

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argaral
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report Jessie J. Handy-Mother
(Date of)
____ Registrar.

(Signed) ____, M. D.
or ____, Midwife
Address ____
Filed July 26, 1940 Mae G. Atwood Registrar
Bureau of Vital Statistics

STATE OF IDAHO

296131

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 26 1940

State of Washington
County of Clallam } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Jessie I. Handy being first duly sworn says that she is the Mother of James Alexander Halfpenn
(Relationship of child)*

born November 4, 1912 at Harrison, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said James Alexander Halfpenn hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ____, M. D., was the Midwife medical attendant at the birth of said ____ and that the said medical attendant is ____
(Now deceased (or) cannot be located)

Name of Affiant Jessie I. Handy

P. O. Address Port Angeles Wash R#2

Subscribed and sworn to before me this 23rd day of July, 1940

Marjorie Lundgren formerly Marjorie Owens
Notary Public.

Residing at Port Angeles Wash, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A693-225-237-469

296163

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296163

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Madeleine Louise Williamson

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Nov. 25, 1912 (Month, Day, Year)

FATHER

9. Full name: Robert Wells Williamson

10. Residence (usual place of abode) (If non-resident, give place and State) Jerome, Idaho

11. Color or race W | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Louise Minnie Dorn

19. Residence (usual place of abode) (If non-resident, give place and State) Jerome, Ida.

20. Color or race W | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother First (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 12:30 at A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed July 30, 1940 Mae G. Atwood

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Boise } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Robert Wells Williamson being first duly sworn says that

He is the Father (Relationship of child)* of Madeleine Louise Williamson

born November 25, 1912 (Date of birth) at Jerome, Idaho,

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Madeleine Louise Williamson

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. E. D. Piper, M. D., was the Midwife medical attendant at the birth of said Madeleine Louise Williamson and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Robert Wells Williamson

P. O. Address Jerome, Idaho

Subscribed and sworn to before me this 30th day of July, 19 40

Notary Public.

Residing at Jerome, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUN 2 7 1973

1. PLACE OF BIRTH 068-128-001366

County of 5 Miles South of

City of Bayce, Idaho, Ada County

No. ____ St. ____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296174

CERTIFICATE OF BIRTH 296174

JUL 28 1940

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Charles Everett Boyd

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
M	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term X	yes	April 28, 1932 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Mack Henry Boyd	18. Full maiden name: Kattie Lowe
10. Residence (usual place of abode) (If non-resident, give place and State): Stillwater, Okla.	19. Residence (usual place of abode) (If non-resident, give place and State): Stillwater, Okla.
11. Color or race: White | 12. Age at last birthday: 28 (years)	20. Color or race: White | 21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Indiana	22. Birthplace (city or place) (State or Country): Sedelia, Missouri
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Agent for Singer Sewing Machine	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: July, 1914	25. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work: 4	26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no

28. Number of children of this mother: 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 11:15 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Kattie Boyd, M.D.

or ____, Midwife

Address Route 2, Mother Stillwater, Okla

Filed July 28, 1940 Mae G. Attwood Registrar.

Subscribed and sworn to before me at Stillwater, Oklahoma this 25rd of July, 1940. Bureau of Vital Statistics

My Commission expires June 15, 1941 June 15, 1941 Ella Tuma Registrar.

Warning—Any one who shall wilfully make any false statement in this certificate shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not more than one hundred dollars or by imprisonment in the county jail not more than one year, or by both such fine and imprisonment. In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

APR 15 1958

A 381-120-001-466

296241

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG -1 1940

296241

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada Idaho
City of Rupert
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lloyd Flenoy Champion

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1

6. Premature ..... Full term x

7. Legitimate? Yes

8. Date of birth Feb. 20, x 1912 (Month, Day, Year)

FATHER

9. Full name Macon C. Champion

10. Residence (usual place of abode) (If non-resident, give place and State) Rupert, Idaho

11. Color or race White 12. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or Country) Model, Tenn.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work Six years

MOTHER

18. Full maiden name Maud Eunice Moody

19. Residence (usual place of abode) (If non-resident, give place and State) Rupert, Idaho

20. Color or race White 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Murray, Ky.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work Four years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ..... Smith, ..., M. D.

or ....., Midwife

Address Rupert, Idaho

Filed ....., 193.... Mae G. Atwood
Registrar.

AUG -1 1940 Bureau of Vital Statistics

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Kentucky } ss.
County of Calloway

Maud E. Champion being first duly sworn says that she is the mother (Relationship of child)* of Lloyd Flenoy Champion born Feb. 20, 1912 (Date of birth) at Rupert, Idaho, whose certificate of birth is hereto attached, and that Lloyd Flenoy Champion desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lloyd Flenoy Champion hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Smith, M. D., was the ~~Midwife~~ medical attendant at the birth of said Lloyd Flenoy Champion and that the said medical attendant is ~~now deceased~~ (or) cannot be located)

Name of Affiant Maud E Champion

P. O. Address Knight, Ky

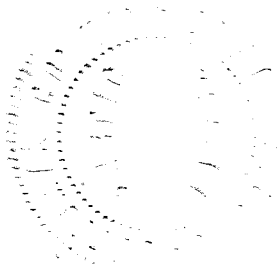
Subscribed and sworn to before me this 29 day of July, 1940

Gussie Adams
Notary Public.

My comm. expires Dec. 18, 1941.

Residing at Murray, Calloway County, Ky.

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 285-204.022-285 Fremont

County of

City of Squirrel

No. St.

(If born in hospital or institution give name.)

AUG -1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296246

CERTIFICATE OF BIRTH

296246

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Clara A. Conant

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate? yes	8. Date of birth Sep 4, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Arthur Conant	18. Full maiden name Dolly Sheetz
10. Residence (usual place of abode) (If non-resident, give place and State) Squirrel Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Squirrel Ida.
11. Color or race White | 12. Age at last birthday (years)	20. Color or race White | 21. Age at last birthday (years)
13. Birthplace (city or place) (State or Country) Squirrel Idaho	22. Birthplace (city or place) (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19 | 17. Total time (years) spent in this work life	25. Date (month and year) last engaged in this work, 19 | 26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Idaho Nitrate

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. L. Hargis, M. D.

or , Midwife

Address Ashton Idaho

Give name added from a supplemental report (Date of)

Filed , 193 Mae G. Atwood
Registrar.

Registrar.

AUG -1 1940 Bureau of Vital Statistics

BOTH DELAYED

PUP OF 1912-264036

A13-26-009-463

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296253

CERTIFICATE OF BIRTH

AUG -2 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Bonner

City of Ranchi

No. ..... St. .....

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ruby Andrea Jackson

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ✓ Full term	7. Legitimate? yes	8. Date of birth Jan 1, 1912 (Month, Day, Year)
F				

FATHER		MOTHER	
9. Full name	Harvey Wilson Jackson	18. Full maiden name	Caroline Sophia Moland
10. Residence (usual place of abode) (If non-resident, give place and State)		19. Residence (usual place of abode) (If non-resident, give place and State)	Idaho
11. Color or race	White	20. Color or race	White
12. Age at last birthday	36 (years)	21. Age at last birthday	34 (years)
13. Birthplace (city or place) (State or Country)	Minnesota	22. Birthplace (city or place) (State or Country)	Norway
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	Continuous, 19	25. Date (month and year) last engaged in this work	✓, 19
17. Total time (years) spent in this work	✓	26. Total time (years) spent in this work	✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? unknown

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of Stillbirth ✓ Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed AUG -2 1940, 193... Mae G. Atwood
Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

F. W. Jackins being first duly sworn says that he is the father (Relationship of child)* of Ruby Andrea Jackins born Jan. 1, 1912 (Date of birth) at Bonner County, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ruby Andrea Jackins hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Wenz, M. D., ~~Midwife~~ was the medical attendant at the birth of said Ruby Andrea Jackins and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Harvey Wilson Jackins

P. O. Address P O Box 363

Subscribed and sworn to before me this 31 day of July, 1940

Notary Public.

Residing at Coeur d'Alene, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUL 18 1972

619-P29.010-165

296323

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Iona
No. ..... St.
(If born in hospital or institution give name.)

AUG -5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296323

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Delbert Jones Ward

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth Oct. 29 1912 (Month, Day, Year)

FATHER

9. Full name: Lorenzo Nielson Ward
10. Residence (usual place of abode) (If non-resident, give place and State): Iona, Idaho
11. Color or race: White
12. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country): Hyrum, Cache Co. Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Home, Farm.
16. Date (month and year) last engaged in this work: Oct. 29, 19 12
17. Total time (years) spent in this work: 28

MOTHER

18. Full maiden name: Ruth Rosehannah Jones
19. Residence (usual place of abode) (If non-resident, give place and State): Iona, Idaho
20. Color or race: White
21. Age at last birthday 38 (years)
22. Birthplace (city or place) (State or Country): Hyrum, Cache Co. Utah.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
25. Date (month and year) last engaged in this work: Oct. 29, 19 12
26. Total time (years) spent in this work: 21

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

28. Number of children of this mother: 10 (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 9 mos (months or weeks)
30. Cause of Stillbirth: During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5:40 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) John O. Mellard, M. D.
or ....., Midwife
Address Idaho Falls, Idaho P.O. Box 227.
Filed AUG -5 1940, 193 Mae G. Atwood Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Bonneville } ss.

Lorenzo N Ward being first duly sworn says that

he is the father (Relationship of child)* of Delbert Jones Ward

born October 29, 1912 (Date of birth) at Iona, Bonneville Co., Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Delbert Jones Ward hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John A. Mallon M.D. was the Midwife medical attendant at the birth of said Delbert Jones Ward and that the said medical attendant is dec. P.O. Box 227 Idaho Falls, Idaho (Now deceased (or) cannot be located)

Name of Affiant Lorenzo N Ward

P. O. Address RFD #1, Idaho Falls, Idaho

Subscribed and sworn to before me this 2nd day of August, 19 40

Robert Collett
Notary Public.

Residing at Idaho Falls, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A259111-014-363

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Middleton

No. ____ St. ____

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

AUG 9 1940

Registration District No. ____ State File No. 296432

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD MORRIS LOGAN BERTSCH

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term X	Yes	June 11, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Logan Bertsch	18. Full maiden name: Mary Ellen Collins
10. Residence (usual place of abode) (If non-resident, give place and State): Middleton Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Middleton Idaho
11. Color or race: White Amer. 12. Age at last birthday: 25 (years)	20. Color or race: White Amer. 21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): Centerville South Dakota	22. Birthplace (city or place) (State or Country): Gosport, Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: June 11, 1912	17. Total time (years) spent in this work: 10
25. Date (month and year) last engaged in this work: June 11 1912	26. Total time (years) spent in this work: 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
One
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Signed) ____, M. D.

or ____, Midwife

Address ____

(Date of)

Filed ____, 1940

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU ~~OF~~ VITAL STATISTICS

AUG -9 1940

State of California } ss.
County of Fresno }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ellen Bertsch being first duly sworn says that she is the Mother (Relationship of child)* of Morris Logan Bertsch born June 11, 1912 (Date of birth) at Middleton, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Morris Logan Bertsch hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Gue (Caldwell, Idaho), M. D., was the ~~Midwife~~ medical attendant at the birth of said Morris Logan Bertsch and that the said medical attendant ~~is~~ has not been located by me (Now deceased (or) cannot be located)

Name of Affiant Mary Ellen Bertsch

P. O. Address 139 Inez St., Fresno, California.

Subscribed and sworn ~~to~~ before me this 8th day of August, 1940

L. W. Young
Notary Public.
In and For County of Fresno, State of California.
Residing at Fresno, Calif.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 12 1940

CERTIFICATE OF BIRTH

296453

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. **PLACE OF BIRTH**
County of Bingham
City of Clarksfork
No. 312-126 009 653 St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Willard Fillmore Case

3. Sex

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? YES

8. Date of birth 1 - 26, 1932 (Month, Day, Year)

FATHER

9. Full name James Brownlow Case

10. Residence (usual place of abode) (If non-resident, give place and State) Clarksfork

11. Color or race White | 12. Age at last birthday [illegible] (years)

13. Birthplace (city or place) (State or Country) Skyline, North Carolina

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repair

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own business

16. Date (month and year) last engaged in this work June, 1938

17. Total time (years) spent in this work app 30

MOTHER

18. Full maiden name Viola Vesta Welsh

19. Residence (usual place of abode) (If non-resident, give place and State) Clarksfork, Ida

20. Color or race white | 21. Age at last birthday [illegible] (years)

22. Birthplace (city or place) (State or Country) Mt. Jay, Penna.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) _____, M. D.

or Emma Vaughan, Midwife

Address Boise Idaho Route 1

Filed AUG 12 1940, 193____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia 363207
City of Declo 016-239
No. ____ St. ____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 296564

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 296564
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Irene Leota Cochran

3. Sex: female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ✓
7. Legitimate? Yes
8. Date of birth Dec 7, 1912 (Month, Day, Year)

FATHER

9. Full name: Harley Earl Cochran
10. Residence (usual place of abode) (If non-resident, give place and State): Declo, Idaho
11. Color or race: white | 12. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or Country): Long Beach, Calif Los Angeles Co.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Leota Verne Stracke
19. Residence (usual place of abode) (If non-resident, give place and State): Declo, Idaho
20. Color or race: white | 21. Age at last birthday: 19 (years)
22. Birthplace (city or place) (State or Country): Blackhawk Co Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dec 7, 1912 at 9:15 a.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or Mrs Mary Stracke, Midwife
Address Declo, Idaho

Give name added from a supplemental report ____
(Date of)
____ Registrar.

Filed 8-17-, 1940
Registrar.

A443-204 028 643 now Benewah

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296644

AUG 19 1940

Registration District No. _____ State File No. 296644

Prim. Registration District No. 130 Local Registrar's No. 14

1. PLACE OF BIRTH
County of Kootenai (1912)
City of St. Maries
No. _____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Marguerite Marie Ducommun

3. Sex: Female
If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term X
7. Legitimate? Yes
8. Date of birth Sept. 4, 1912 (Month, Day, Year)

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Stephen F. Ducommun	Rose Fuchs
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	St. Maries, Ida	St. Maries Ida
11. Color or race / 20.	W	W
12. Age at last birthday (years) / 21.	30	29
13. Birthplace (city or place) (State or Country) / 22.	Switzerland	Switzerland
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	farmer	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.	Own farm	Own home
16. Date (month and year) last engaged in this work / 25.	Sept. 4, 1912	Sept 4, 1912
17. Total time (years) spent in this work / 26.	life	4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks
30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at _____ m. on the date above stated.

(Signed) Stephen Ducommun, M. D.
or Father, Midwife
Address St. Maries, Idaho
Filed Aug 17, 1940 Walter Boberg
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of)
_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho AUG 19 1940 } ss.
County of Benewah }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Stephen F. Ducommun being first duly sworn says that Marguerite Marie is the Daughter (Relationship of child)* of Rose Fuchs and Stephen Ducommun

born September 4, 1912 (Date of birth) at St. Maries, Idaho, Idaho,

whose certificate of birth is hereto attached, and that Stephen Ducommun desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Marguerite Marie hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Lena Jacot M./D. was the Midwife medical attendant at the birth of said Marguerite Marie and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Stephen Ducommun

P. O. Address St. Maries, Idaho

Subscribed and sworn to before me this 12th day of August, 1940

Walter Boberg, U. S. Commr
~~Notary Public.~~

Residing at St. Maries, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 8 1961

619 716 022 69 [redacted]

PLACE OF BIR[redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

AUG 21 1940

296708

County of Fremont

City of Egin

No ....., ... St.

Hospital .....

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	Sep (Month) 16 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Silas DeRoy Nardle	FULL MAIDEN NAME	Emmeline Orgill
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louisa G. Davis

Midwife (Physician or Midwife)

Given names added from a supplemental report

Address St Anthony Idaho R.D. 3.

Filed ..... 1940 ..... Registrar

SYMS - YORK CO., PTRS. & BDR[redacted]ar

MARGIN RESERVED FOR BINDING

[redacted]TE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 19 1969

553 223 022 449

PLACE OF BIRTH

RECEIVED
AUG 21 1940

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Recorded #773 296724 [redacted]

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 44

Primary Registration District No. 2177

File No. .....

Registered No. .....

FULL NAME OF CHILD BERTHA ALLEN Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Feby 23rd 20 1912

FATHER		MOTHER	
FULL NAME	Willard Nelson	FULL MAIDEN NAME	Ida Burney
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. V. Burnet

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Mar 10 1912

W. T. [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont }

Certificate No. 296724

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Bertha Allen Nelson
Date	Feb. 20th	Feb. 23, 1918 ALLEN

Subscribed and sworn to before me this 12 day of December, 1942

N. D Adams

Notary Public, residing at St Anthony Ida,

My commission expires April-1-1943

(SEAL)

Signed Ida May Nelson mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

St Anthony, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of December, 1942

N. D Adams

Notary Public, residing at St Anthony, Idaho,

My commission expires April-1-1943

(SEAL)

Signed Effie Baxter

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

St Anthony, Idaho,

(STREET ADDRESS, CITY, STATE)

Received for filing on DEC 14 1942 By .....

(REGISTRAR'S SIGNATURE)

SEP 27 1978

DEC 16 1942

WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG - 8 1940

1. PLACE OF BIRTH
County of Shoshone
City of Town of Burke
No. ..... St.
213710040271
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 296758
Prim. Registration District No. 141 Local Registrar's No. 7

2. FULL NAME OF CHILD William Battick

3. Sex Male | If plural births: 4. ~~Twin, triplet~~, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug 10, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Mathew Battick	18. Full maiden name Katherine Spahich
10. Residence (usual place of abode) (If non-resident, give place and State) Burke, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Burke, Idaho
11. Color or race W | 12. Age at last birthday 48 (years)	20. Color or race W | 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Austria	22. Birthplace (city or place) (State or Country) Austria
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1:30 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
✓ or Anna Moon, Midwife
Address Dishman, Wash
Filed July 8, 1940 John A Bever
Registrar.

MAR 21 1942

APR 15 1947

A263 123 043-242

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Valley
City of Roseberry
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
AUG 19 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296765

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Signa olga Bollari

3. Sex: female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term 1

7. Legitimate? .....

8. Date of birth May 29, 1912. (Month, Day, Year)

FATHER

9. Full name: Mr John Bollari

10. Residence (usual place of abode) (If non-resident, give place and State): Roseburg

11. Color or race: white | 12. Age at last birthday: 37 (years)

13. Birthplace (city or place) (State or Country): Finland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Miss olga Lukila

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race: white | 21. Age at last birthday: 34 (years)

22. Birthplace (city or place) (State or Country): Finland

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation no { months or weeks

30. Cause of Stillbirth none { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 5 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) John Bollari father M. D.

or Attended, Midwife

Address .....

Filed Aug., 1940

Registrar.

296765

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho

County of Valley

AUG 19 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mr. John Bollari being first duly sworn says that Signa Olga is the daughter (relationship of child)* of John Bollari born May 23 1912 (Date of Birth) at Roseberry, Idaho, whose certificate of birth is hereto attached, and that Mr. Bollari desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Signa Olga Bollari hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mr. John Bollari ~~M. D., was~~ the father Midwife medical attendant at the birth of said Signa Olga Bollari and that the said medical attendant is Mrs. Fiina Ruotsala (Now deceased ~~(or) cannot be located~~) demented

Name of Affiant John Bollari

P. O. Address Lake Fork Idaho

Subscribed and sworn to before me this 16 day of August 1940

Blair G. Armstrong
Notary Public.

Residing at Donnelly, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 3 1966

795-10-9.040-366

297895

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 27 1940

CERTIFICATE OF BIRTH

297895

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of SHOSHONE
City of KELLOGG
No. (NEAR KELLOGG) St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD CLARENCE BENJAMIN GRENFELL

3. Sex: MALE
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? Yes
8. Date of birth January 29 1912 (Month, Day, Year)

FATHER

9. Full name: Henry Grenfell
10. Residence (usual place of abode) (If non-resident, give place and State): Kellogg Idaho
11. Color or race: White
12. Age at last birthday: 49 (years)
13. Birthplace (city or place) (State or Country): England
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mine
16. Date (month and year) last engaged in this work: January, 1912
17. Total time (years) spent in this work: 30

MOTHER

18. Full maiden name: Christiana Lowry
19. Residence (usual place of abode) (If non-resident, give place and State): Kellogg Idaho
20. Color or race: White
21. Age at last birthday: 37 (years)
22. Birthplace (city or place) (State or Country): England
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: None
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 10 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. R. Mason, M. D.
or ____, Midwife
Address 18 MILL ST.
Filed Aug 27, 1940 Mae G. Atwood Registrar.

Give name added from a supplemental report ____
(Date of) ____
Registrar.

Bureau of Vital Statistics

9-3-40 CC

255-21-028-412

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 8 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

297899 **297899**

State File No.
Local Reg. No. 247
Reg. Dist. No. 120

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D No. 1052 B St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 6 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1052 B St.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Coeur d'Alene, Idaho

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Idaho

4. **FULL NAME OF CHILD** Marjorie Elizabeth Bennett

5. Date of Birth (Month, day, year) February 11, 1913

6. Sex. F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John M. Bennett
11. Color or Race W
12. Age at time of THIS birth 32 yrs.
13. Birthplace Chippewa Co.-Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Laborer-Driver
15. Industry or Business Delivery for Hardware

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Dukelaw
17. Color or Race W
18. Age at time of THIS birth 32 years
19. Birthplace Cork Co. Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 8.21.40 (Date received) (b) H. L. Newcomb M.D. (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John M. Bennett, being first duly sworn, say that I am father — (Related to (or) acquainted with) related to Marjorie E. Bennett (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Holden (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John M Bennett Name

1052 B. St. - Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of Aug. 1940

(SEAL) Jas A. Foster Notary Public, residing at

Clerk of the District Court
Ex-Officio Auditor and Recorder

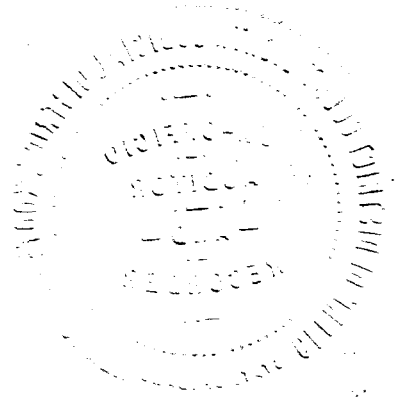
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 23 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 27 1940

CERTIFICATE OF BIRTH

2-17903

Registration District No. _____ State File No. 297903

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Power
City of American Falls, Idaho
No. 133-209 039 765 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Bernice Luciel Allen

3. Sex: Female
If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term X
7. Legitimate? Yes
8. Date of birth March 9 1912 (Month, Day, Year)

FATHER

9. Full name: O. F. Allen
10. Residence (usual place of abode) (If non-resident, give place and State): American Falls
11. Color or race: W | 12. Age at last birthday: 50 (years)
13. Birthplace (city or place) (State or Country): Colorado

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm
16. Date (month and year) last engaged in this work: At present, 1912
17. Total time (years) spent in this work: all his life

MOTHER

18. Full maiden name: Ellen Pons
19. Residence (usual place of abode) (If non-resident, give place and State): American Falls
20. Color or race: W | 21. Age at last birthday: 38 (years)
22. Birthplace (city or place) (State or Country): Salt Lake City, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
25. Date (month and year) last engaged in this work: At present, 1912
26. Total time (years) spent in this work: 25 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 10 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation _____ months or weeks
30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) V. V. Logan, M. D.
or _____, Midwife
Address American Falls, Idaho
Filed Aug 27, 1940 Mae D. Atwood Registrar.
Bureau of Vital Statistics

Dup of 1912-180938

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

297922

RECEIVED AUG 24 1940

Registration District No. _____ State File No. 297922

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Boise
City of Cottonwood
No. A59312 008 368 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Clarence Issac Nicoson

3. Sex Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth June 12, 1912 (Month, Day, Year)

FATHER

9. Full name Issac James Nicoson

10. Residence (usual place of abode) (If non-resident, give place and State) Cottonwood Ida

11. Color or race White

12. Age at last birthday 44 (years)

13. Birthplace (city or place) (State or Country) Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work To DATE, 19__

17. Total time (years) spent in this work 24

MOTHER

18. Full maiden name Georgitta Coopman

19. Residence (usual place of abode) (If non-resident, give place and State) Cottonwood Ida

20. Color or race W

21. Age at last birthday 40 (years)

22. Birthplace (city or place) (State or Country) Waterville Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

25. Date (month and year) last engaged in this work To DATE, 19__

26. Total time (years) spent in this work 22

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth — During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____

(Date of)

Filed Aug 24, 1940 Mae L Atwood Registrar.

Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Yakima

AUG 24 1940

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Inez Parlet being first ~~duly~~ sworn says that she is the half sister of Clarence Issac Nicoson
(Relationship of child)*

born June 12, 1912 at Cottonwood, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Clarence Issac Nicoson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that MD or midwife is unknown M. D. was the Midwife medical attendant at the birth of said Clarence Issac Nicoson and that the said medical attendant is Unknown
(Now deceased (or) cannot be located)

Name of Affiant Inez Parlet

P. O. Address Yakima Wn 14 N. 2nd Ave

Subscribed and sworn to before me this 19th day of August, 1940

Geo. C. Obrey
Notary Public.

Residing at Yakima Wn, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of CANYON

City of NAMPA

No. R 294202-014219 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 30 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 297963

Prim. Registration District No. ..... Local Registrar's No. 247963

2. FULL NAME OF CHILD Genevieve Adele KRUM

3. Sex: FEMALE

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth APRIL 2, 1912 (Month, Day, Year)

FATHER

9. Full name: ARCHIBALD JAY KRUM

10. Residence (usual place of abode) (If non-resident, give place and State): NAMPA, IDAHO

11. Color or race: WHITE | 12. Age at last birthday: 35 (years)

13. Birthplace (city or place) (State or Country): MINNESOTA

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FRUIT RANCHER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: RANCH

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work: THREE

MOTHER

18. Full maiden name: STELLA PERCY BARTEAU

19. Residence (usual place of abode) (If non-resident, give place and State): NAMPA, IDAHO

20. Color or race: WHITE | 21. Age at last birthday: 26 (years)

22. Birthplace (city or place): ZUMBROTA, (State or Country): MINNESOTA.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSEWIFE

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: OWN HOME

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) ONE

(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed Aug 30 1940 Mae G. Atwood Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

~~RECEIVED~~

AUG 30 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of MONTANA
County of DEER LODGE } ss.

MRS. T. P. STEWART being first duly sworn says that she is the aunt (Relationship of child)* of Genevieve Krum Landall born April 2nd, 1912 (Date of birth) at Nampa, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Genevieve Krum ~~Landall~~ hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is now unknown. (Now deceased (or) cannot be located)

Name of Affiant Mrs T P Stewart

P. O. Address 508 Main St. Anaconda, Mont.

Subscribed and sworn to before me this 19th day of January, 1940

Bill G. Stewart

Notary Public.

Residing at Anaconda, Idaho.

May 2nd, 1942

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 297975

297975

AUG 23 1940

1. **PLACE OF BIRTH**
County of Nez Perce
City of Lewiston
No. 612-708 035-395 St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Guy Leslie Washington

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term X
7. Legitimate? Yes
8. Date of birth Sept 8, 1912 (Month, Day, Year)

FATHER

9. Full name: George Nelson Washington
10. Residence (usual place of abode) (If non-resident, give place and State) ____
11. Color or race: White 12. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or Country): Lawrence Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Stock ranch
16. Date (month and year) last engaged in this work: Dec, 1912
17. Total time (years) spent in this work: 10 yrs

MOTHER

18. Full maiden name: Lillie Lincoln
19. Residence (usual place of abode) (If non-resident, give place and State) ____
20. Color or race: White 21. Age at last birthday: 30 (years)
22. Birthplace (city or place) (State or Country): Lawrence Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) George Nelson Washington, ~~M.D.~~ Father
or ____, Midwife
Address 571-Ninth ave, Monterey Park, Calif.

Give name added from a supplemental report ____
(Date of) ____
Registrar.

Filed Aug 28, 1940 Mae D. Atwood
Bureau of Vital Statistics Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California } ss.
County of Los Angeles

AUG 2 3 1940

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

George Nelson Washington being first duly sworn says that he is the Father (Relationship of child)* of Guy Leslie Washington born September 8, 1912 (Date of birth) at Lewiston, Nez Perce County, Idaho, whose certificate of birth is hereto attached, and that George Nelson Washington desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ~~George Nelson Washington~~ Guy Leslie Washington hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Robins (Midwife), M. D., was the Midwife medical attendant at the birth of said Guy Leslie Washington and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant George Nelson Washington

P. O. Address 511 N. Alhambra, Monterey Park, Calif.

Subscribed and sworn to before me this 5th day of August, 1940

Clara S. Ashley
NOTARY PUBLIC
Notary Public.
My Commission Expires March 21, 1943 in and for the County of Los Angeles, State of California
Residing at Monterey Park, California Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

AUG 14 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 693 128 0 10-453 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298008

CERTIFICATE OF BIRTH

AUG 30 1940

Registration District No. ..... State File No. 298008

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William John Wilson

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term	yes	11-28-12 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John A. Wilson	18. Full maiden name: Annie Metzener
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls
11. Color or race: white | 12. Age at last birthday: 33 (years)	20. Color or race: white | 21. Age at last birthday: 30 (years)
13. Birthplace (city or place) (State or Country): Ogden, Utah	22. Birthplace (city or place) (State or Country): Switzerland
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plasterer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed ....., 1940

..... Registrar.

..... Registrar.

Dupd 1912-10472

DUP OF 1912-10472

DELAYED

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anna Metzener Wilson being first duly sworn says that she is the mother (Relationship of child)* of William John Wilson born November 28, 1912 (1912) (Date of birth) at Idaho Falls, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said William John Wilson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Finley ~~M.D.~~, was the Midwife medical attendant at the birth of said William John Wilson and that the said medical attendant is unknown (Now deceased (or) cannot be located)

Name of Affiant Anna Metzener Wilson

P. O. Address 1635 S. Boulevard, Idaho Falls, Idaho

Subscribed and sworn to before me this 23rd day of August, 19 40

A. H. Wilcox
Notary Public.

Residing at Idaho Falls, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

713221032-857

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 3 1940 CERTIFICATE OF BIRTH

298052

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 298052
Prim. Registration District No. ..... Local Registrar's No. 298052

2. FULL NAME OF CHILD Gertrude Lucile Gaches

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Oct 21, 1912 (Month, Day, Year)

FATHER

9. Full name George Herbert Gaches
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone
11. Color or race W. | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) La Conner Wash.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 3 yrs

MOTHER

18. Full maiden name Gertrude P. Hepler
19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone
20. Color or race W. | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Blakesburg Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% argyrol
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11 50 p m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) C. F. Zeller, M. D.
or ....., Midwife
Address Shoshone, Ida.
Filed Sep 3, 1940 Mae G. Atwood Registrar.

Bureau of Vital Statistics

9-16 C

445-22-0002681

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

SEP 10 1940 STATE OF IDAHO

State File No. 298203
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Adams (b) City New Meadows
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home --- days.
In **THIS** county 1 years 4 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Adams
(c) City New Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address New Meadows, Ida.

3. **RESIDENCE OF FATHER** (city, state) New Meadows Idaho

4. **FULL NAME OF CHILD** Helen Frances Dunn

5. Date of Birth (Month, day, year) Aug. 20, 1912

6. Sex. Female

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elbert Grant Dunn
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Huntsville, Missouri (City or town) (State or foreign country)
14. Exact Occupation Supt. P & I N Railroad
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Wyant
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Severy, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mattie Wyant Dunn (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 10 1940 (Date received by Registrar) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mattie Wyant Dunn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Frances Dunn (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harris (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mattie Wyant Dunn Name

Payette, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of September, 1940

(SEAL) [signature] Notary Public, residing at Payette, Idaho

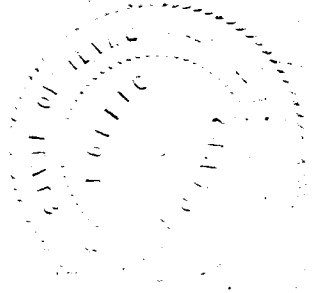
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 29 1947
FEB 17 1965
JAN 20 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



213 114 044 652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

2 9 8 2 4 9

State File No. 298249
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Weiser
(c) ~~Street Address~~ or R F D No. 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home None days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) ~~Street Address~~ or R.F.D. No. Rur
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address R F D #2
3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Audry Dallas Sater
5. Date of Birth (Month, day, year) Nov. 14-1912
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Dallas F. Sater
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Weiser (City or town) Iddho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Webb
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Trisco (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sept. 12, 1940 (Date received by Bureau of Vital Statistics) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith Sater, being first duly sworn, say that I am related to (Related to (or) acquainted with) Audry Dallas Sater (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Kate (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edith Sater Name
917 East 64th Spokane Wash. P. O. Address

Subscribed and sworn to before me on this 6th day of September 1940

(SEAL) Robert M. Lewis Notary Public, residing at Tacoma

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495714-035-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

SEP 12 1940 STATE OF IDAHO

File No. 298281
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Genesee
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at Home on Farm in Nez Perce Co. Idaho
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 10 days.
In **THIS** county 37 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, s

4. **FULL NAME OF CHILD** Dewey Dewett Dresher
5. Date of Birth (Month, day, year) April 14 1902
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Dresher
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Wapaw Ohio (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farming and Labor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Broceberg
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Lugnas Sweden (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10.12 A.M. on the date and at the place stated above, and that personal particulars were furnished by C [illegible] (First name) (Last name), who is related to this child as Mother (Mother, etc.).

26. (a) 9/12/40 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature None there M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of LATAH }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Alma Dresher, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dewey Dewett Dresher (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that husband (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Alma Dresher Name
Genesee Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of September 1940

(SEAL) [illegible] Notary Public, residing at Genesee Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 10 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-228 028455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
SEP 14 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 298310
Local Reg. No. 297
Reg. Dist. No. 121

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Harrison
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Harrison

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Virginia Ella Hansen
5. Date of Birth (Month, day, year) Apr. 28, 1912
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Severin Hansen
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Grena (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Leah Dennett
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Verndale (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 9.17.40 (Date received) (b) H. L. Newcombe M.D. (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Benton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William E. Dennett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Virginia Ella Hansen (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that nurse unknown (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William E. Dennett Name
P. O. Address

Subscribed and sworn to before me on this 16th day of Sept. 1940
(SEAL) Harold E. Tyff U.S. Commissioner ~~Notary Public~~, residing at Kennewick

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A791709 002-235

298326

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298326

1. PLACE OF BIRTH

County of Adams

City of Indian Valley

No. ..... St.

Idaho

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Frank Andrew Gray

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth June 9, 1912 (Month, Day, Year)

FATHER

9. Full name Robert Edward Gray

10. Residence (usual place of abode) (If non-resident, give place and State) Indian Valley Ida

11. Color or race W | 12. Age at last birthday 42 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Edith Ellen Stewart

19. Residence (usual place of abode) (If non-resident, give place and State) Indian Valley Ida

20. Color or race W | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Salubria Washington Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Seven (a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at 10.30 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edith E Gray Mother, M. D.

or ....., Midwife

Address Indian Valley Idaho

Give name added from a supplemental report .....

(Date of)

Filed 9/20 1940 Mae G Atwood

Registrar.

Bureau of Vital Statistics

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Adams } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edith E Gray being first duly sworn says that she is the Mother (Relationship of child)* of Frank Andrew Gray born June 9 1912 (Date of birth) at Indian Valley, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Frank Andrew Gray hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mattie E Gray, M. D., was the Midwife medical attendant at the birth of said Child and that the said medical attendant is (Now deceased (or ~~cannot be located~~))

Name of Affiant Edith E Gray

P. O. Address Indian Valley Idaho

Subscribed and sworn to before me this 5 day of Sept, 19 40

P. H. Ware
Notary Public.

Residing at Indian Valley, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH A433-228
County of Bonneville 005-215 RECEIVED
City of Plummer SEP 21 1940
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 29537-
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 298347
Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Reba Eulah McCollor

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth May 28, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Ernest F. McCollor	18. Full maiden name Julia E Bangle
10. Residence (usual place of abode) (If non-resident, give place and State) Plummer Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Plummer Ida
11. Color or race White | 12. Age at last birthday 47 (years)	20. Color or race white | 21. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) Solon Maine	22. Birthplace (city or place) (State or Country) Kelso Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Five (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks | 30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 4-30 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

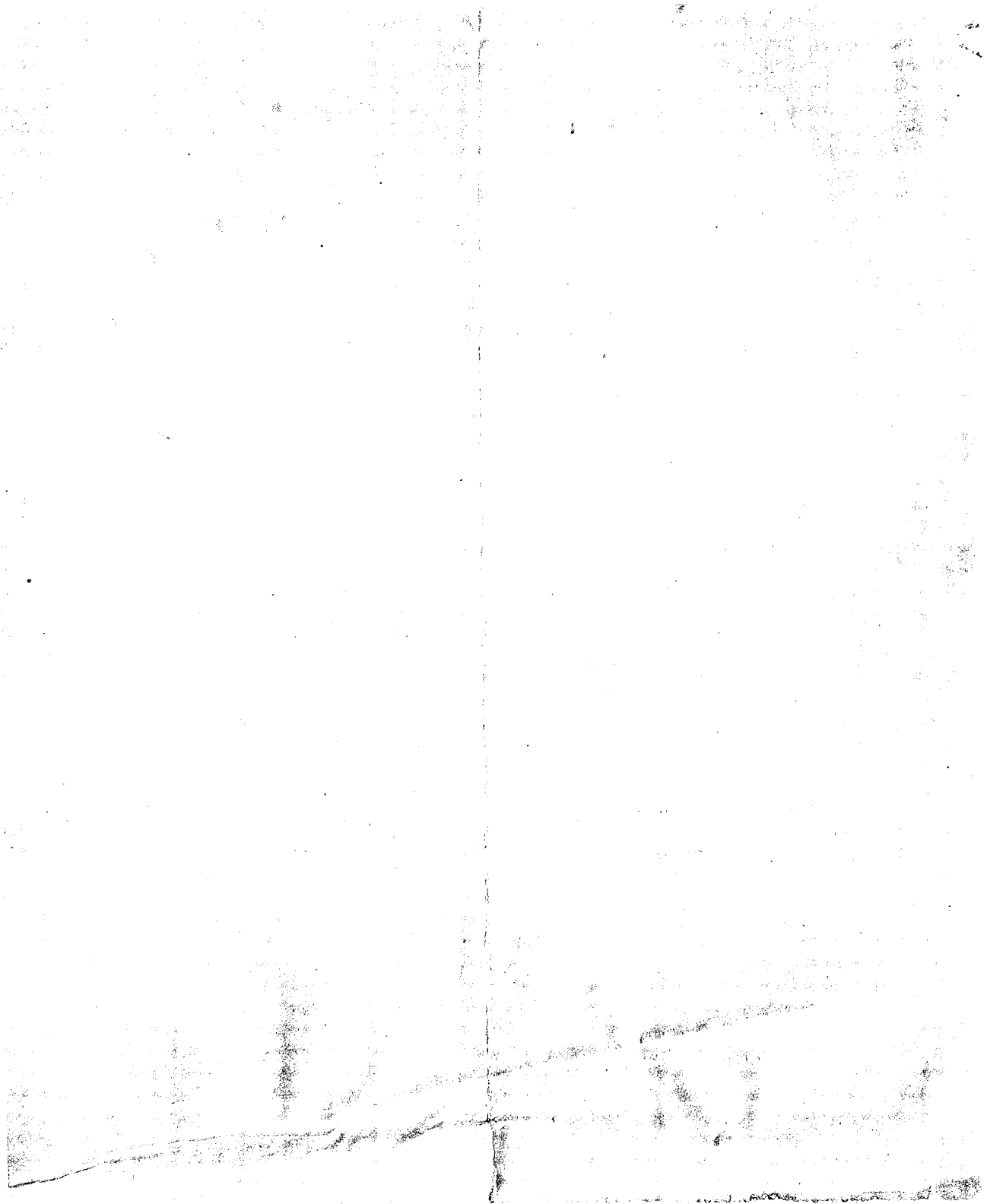
or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 1940

Registrar. Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 21 1940

State of [illegible] } ss.
County of [illegible] }

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Julia E Jardao being first duly sworn says that I am is the Mother (Relationship of child)* of Reba Eulah McCollor born May 28 1912 (Date of birth) at Plummer Benewah Co Idaho,

whose certificate of birth is hereto attached, and that [illegible] desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Reba Eulah McCollor is correct.

[illegible] hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that [illegible], M. D., was the Midwife medical attendant at the birth of said [illegible] and that the said medical attendant is where about unknown (Now deceased (or) cannot be located)

Name of Affiant Mrs Julia E Jardao

P. O. Address 312 Excelsior Ave San Francisco

Subscribed and sworn to before me this 19 day of July, 1940

[illegible]
Notary Public.

Residing at [illegible], Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lemhi

City of Salmon

No. 897122030-268 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 30 1940

CERTIFICATE OF BIRTH

298437

Registration District No. 690 State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Henry Isaac High

3. Sex m. | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term x | 7. Legitimate? Yes | 8. Date of birth Sept 22, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name Carl Wilbur High	18. Full maiden name Lena Bohanon
10. Residence (usual place of abode) (If non-resident, give place and State) Baker	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race W. | 12. Age at last birthday 24 (years)	20. Color or race W. | 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) Idaho Falls	22. Birthplace (city or place) (State or Country) Salmon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. rancher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work present, 19 | 17. Total time (years) spent in this work 5	25. Date (month and year) last engaged in this work present, 19 | 26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? AgNO3

28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks | 30. Cause of Stillbirth During labor; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive ~~or Stillborn~~) at 10 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Chas F Hammar, M. D.

or , Midwife

Address Salmon

Give name added from a supplemental report

(Date of)

Registrar.

Filed Aug 28, 1940 Clio E. Bellamy

Registrar.

239264-043895

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

SEP 14 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298454
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Valley (b) City
(c) Street Address or R.F.D No. R.R. Alpha
(d) Name of Hospital or Maternity Home: Farm Home 12 mi S.E. Cascade
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Ida (b) County Valley
(c) City 12 miles S.E. Cascade Ida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Alpha Idaho

3. **RESIDENCE OF FATHER** (city, state) Alpha Ida

4. **FULL NAME OF CHILD** Ethel Elmira Strawn

5. Date of Birth (Month, day, year) Oct 4, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nicholas Strawn
11. Color or Race White
12. Age at time of THIS birth 67 yrs.
13. Birthplace Rockford Ill (City or town) (State or foreign country)
14. Exact Occupation Farmer and
15. Industry or Business Stockman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celia May Yingling
17. Color or Race White
18. Age at time of THIS birth 32 years
19. Birthplace Girard Kansas (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b).....(Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN** signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Edna May Bell, being first duly sworn, say that I am Mother-in-law (Related to (or) acquainted with) Ethel Elmira Strawn (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edna May Bell Name
Meridian Idaho R 1 P. O. Address

Subscribed and sworn to before me on this 13th day of September, 1940

(SEAL) Bernice Lawson Notary Public, residing at Nampa, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR
MAR 8 - 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-105-014-319

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Homedale, Idaho

No. ____ St. ____

(If born in hospital or institution give name.) ____

RECEIVED SEP 27 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299556

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 299556

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Arthur Cecil Walker

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? Yes

8. Date of birth Oct. 5-th 1912 (Month, Day, Year)

FATHER

9. Full name: John Walker

10. Residence (usual place of abode) (If non-resident, give place and State): Homedale-Idaho

11. Color or race: White | 12. Age at last birthday: 57 (years)

13. Birthplace (city or place) (State or Country): ~~Homedale~~ Yorkshire ~~Idaho~~ England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer ~~mechanic~~

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work: October 5-th, 1912

17. Total time (years) spent in this work: 30 yrs ~~at this~~

MOTHER

18. Full maiden name: Emily Carr

19. Residence (usual place of abode) (If non-resident, give place and State): Homedale, Idaho

20. Color or race: White | 21. Age at last birthday: 55 (years)

22. Birthplace (city or place) (State or Country): Nottingham, England

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work: October 5-th 1912

26. Total time (years) spent in this work: 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known.

28. Number of children of this mother: two (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

(Signed) Dr. Allen, Homedale, Idaho Palmer or Parmer., M. D.

or ____ but is now deceased., Midwife

Address ____

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Filed Sept, 1940

Registrar.

Registrar.

613 - 105-014-319

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of CALIFORNIA }
County of STANISLAUS } ss.

EMILY WALKER being first duly sworn says that she is the mother (Relationship of child)* of ARTHUR CECIL WALKER born October 5th, 1912 (Date of birth) at Homesdale, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ARTHUR CECIL WALKER hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Allen of Palmer, Idaho, M. D., was the Midwife medical attendant at the birth of said ARTHUR CECIL WALKER and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Emily Walker

P. O. Address 1722 O St., Modesto, California

Subscribed and sworn to before me this 11th day of September, 19 40

K C [illegible] Notary Public.

Residing at Modesto, California, ~~XXXXX~~

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

819-105-016-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299639
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Burley (or R D)
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home SEP 27 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. Home
In **THIS** county 11 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Rural Delivery

3. **RESIDENCE OF FATHER** (city, state) Burley Idaho

4. **FULL NAME OF CHILD** John Martin Harris

5. Date of Birth (Month, day, year) 8/5/1912

6. Sex. Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Van Ness Martin Harris

11. Color or Race White 12. Age at time of THIS birth 33 yrs.

13. Birthplace Charleston (City or town) Utah (State or foreign country)

14. Exact Occupation Beet Farmer

15. Industry or Business Utah & Idaho Sugar Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irena May Hartvigsen Harris

17. Color or Race White 18. Age at time of THIS birth 23 years

19. Birthplace Hoytsum (City or town), Idaho (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 27 1940 (Date received) (b) Mae D. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Irena May Hartvigsen Harris, being first duly sworn, say that I am Related to (Related to (or) acquainted with) John Martin Harris (Name of person on certificate above) as his Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Miller (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Irena May Hartvigsen Harris Name

304 Sunset Blvd P. O. Address

Subscribed and sworn to before me on this 26 day of September

(SEAL)

Josephine Brozda Notary Public, residing at 3123 Sunset Blvd.

My Commission Expires April 8, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

592-109-007-169

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 29967

1. PLACE OF BIRTH
County of Blaine
City of Picabo
No. rural St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Carl Christian Anton Nisson

3. Sex: male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth Aug. 4th, 1912 (Month, Day, Year)

FATHER

9. Full name: Charles Henry Nisson

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race: white | 12. Age at last birthday: 21 (years)

13. Birthplace (city or place) Bellevue (State or Country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm

16. Date (month and year) last engaged in this work: Sept. 28th, 1940

17. Total time (years) spent in this work: 30 yrs.

MOTHER

18. Full maiden name: Nellie Marie Jordan

19. Residence (usual place of abode) (If non-resident, give place and State) Rupert, Idaho

20. Color or race: white | 21. Age at last birthday: 18 (years)

22. Birthplace (city or place) Celilo (State or Country) Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home

25. Date (month and year) last engaged in this work: Sept. 28th, 1940

26. Total time (years) spent in this work: 29 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child): one
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 2 p.m. on the date above stated.
(Born Alive or Stillborn)

~~XXXXXXX~~ midwife is deceased

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Mary E Thompson, ~~M. D.~~

or Grandmother, ~~Midwife~~

Address 515½ Main St, Lewiston, Idaho

Give name added from a supplemental report .....

(Date of) .....

Filed Sep. 30, 1940 Mae G Atwood
Registrar.

Bureau of Vital Statistics
Registrar.

592-104-007-169

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

REGISTRAR

State of Idaho
County of Nez Perce } ss. SEP 30 1940

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Mary E. Thompson being first duly sworn says that she is the grandmother of Carl Christian Anton Nisson
(Relationship of child)*

born Aug. 4th 1912 at Becabo, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Carl Christian Anton Nisson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that she was present ~~xMxBxwasthe xMWxifex~~ ~~xxxxxxxxxxx~~nt at the birth of said Carl Christian Anton Nisson and that the said medical attendant is no doctor, midwife deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Mary E Thompson

P. O. Address 515½ Main St. Lewiston, Idaho

Subscribed and sworn to before me this 28th day of September, 1940

Fred D. Wooster
Notary Public.

Residing at Lewiston, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 7 1956

493-21-002-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
SEP 30 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299717
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City St. Anthony
(c) Street Address or R F D No. x
(d) Name of Hospital or Maternity Home: x
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home x days.
In **THIS** county 12 years x months x days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. x
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address St. Anthony, Idaho

3. **RESIDENCE OF FATHER** (city, state) St. Anthony, Idaho

4. **FULL NAME OF CHILD** Elizabeth Waller Miller

5. Date of Birth (Month, day, year) March 13, 1912

6. Sex. female

7. Twin or Triplet x

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Waller Miller
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Gallatin, (City or town) Tennessee (State or foreign country)
14. Exact Occupation General Manager
15. Industry or Business Wholesale Grain Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Blythe Anderson
17. Color or Race white
18. Age at time of THIS birth 40 years
19. Birthplace Gallatin, (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead x (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Sep. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, F. C. Sturdevant, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Elizabeth Waller Miller (Name of person on certificate above) as a friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. West (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

F. C. Sturdevant Name
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of Sept 1940

(SEAL) Notary Public, residing at ST. ANTHONY, IDAHO.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-212-014-643

299827

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299827
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Parma
(c) Street Address or R F.D No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 0 years 3 months 2 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No. R F D 3.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Parma Idaho

3. **RESIDENCE OF FATHER** (city, state) Parma, Idaho.

4. **FULL NAME OF CHILD** Ruby Rae Barth

5. Date of Birth (Month, day, year) April 12, 1912

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Gustave Adolph Barth
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Chelsea (City or town) Michigan (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lottie Abby Fulton
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Williamston (City or town) Mich. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 10/11/40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Canyon
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Lottie Barth, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ruby Rae Barth (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs McTeaff (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Lottie Barth Name
Parma Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of October, 1940

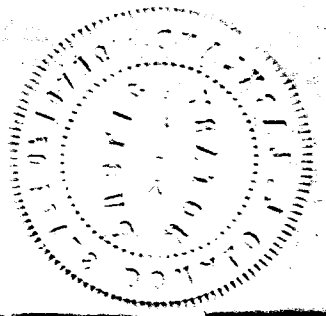
(SEAL) Donald L Rackland Notary Public, residing at Parma Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



465-207-028-355

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 10 1940

CERTIFICATE OF BIRTH

29989?
299898

Registration District No. 121 State File No.
Prim. Registration District No. Local Registrar's No. 327

1. PLACE OF BIRTH
County of Kootenai
City of Post Falls
No. (Mc Guires) St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD ALTA Jones

3. Sex F | If plural births: 4. Twin, triplet, or other - ; 5. Number, in order of birth - | 6. Premature Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Nov. 7, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Arthur Hunter Jones	18. Full maiden name: Julia May Linville
10. Residence (usual place of abode) (If non-resident, give place and State): Post Falls	19. Residence (usual place of abode) (If non-resident, give place and State): Post Falls
11. Color or race: W | 12. Age at last birthday: 32 (years)	20. Color or race: W | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place): Trade (State or Country): Tennessee	22. Birthplace (city or place): Johnson City (State or Country): Tennessee
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, [redacted]	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work ____, 19__	25. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead - (c) Stillborn -

29. If stillborn, period of gestation ____ { months or weeks | 30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 6A.-m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.
or Mrs Lemmon Eggers, Midwife
Address Post Falls, Idaho

Filed 10-8 1940 H. L. Newcombe, M.D.
by Fay P. Thomas, deputy Registrar.

Registrar

145-207-028-395

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Emma Eggert being first duly sworn says that she is the Aunt & nurse (Relationship of child)* of ALTA Jones born Nov. 7 1912 (Date of birth) at Post Falls (McGuires), Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ALTA Jones hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. McLain, M. D., was the ~~Midwife~~ medical attendant at the birth of said ALTA Jones and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Mrs. Emma Eggert

P. O. Address Post Falls Idaho

Subscribed and sworn to before me this 7 day of Oct, 1940

W. Thrasher
Notary Public.

Residing at Post Falls, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUN 4 1964

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur de Lane Indian Reservation

No. Idaho St. Near Harrison Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 7 1940

CERTIFICATE OF BIRTH

299919

Registration District No. _____ State File No. 299919

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Harold Frank Schulte

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? X | 8. Date of birth Dec. 29, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Frank A. Schulte	18. Full maiden name Mary Stoll
10. Residence (usual place of abode) (If non-resident, give place and State) 143 E Cambourne Ferndale Mich	19. Residence (usual place of abode) (If non-resident, give place and State) 143 E. Cambourne Ferndale
11. Color or race White | 12. Age at last birthday [illegible] (years)	20. Color or race White | 21. Age at last birthday 67 (years)
13. Birthplace (city or place) (State or Country) Calumet Mich.	22. Birthplace (city or place) (State or Country) Rockland Mich.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired at time of Birth ~~Laborer~~	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. ~~Industry or business in which~~ work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Present, 19__ | 17. Total time (years) spent in this work 20	25. Date (month and year) last engaged in this work _____, 19__ | 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 5 (b) Born alive but now dead 61 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks | 30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report Frank A. Schulte

(Date of) October 4th 1940

Registrar.

Filed Oct 7, 1940 Mae G. Atwood

Registrar.

Bureau of Vital Statistics

Dup of 1913-12262

DELAYED Dup of 1912-12262

238-129-028-236

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Michigan
County of Oakland } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Frank A. Schulte being first duly sworn says that she is the mother (Relationship of child)* of Harold Frank Schulte born December 29th 1912 (Date of birth) at Lac de Lore Indian Reservation, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harold Frank Schulte hereto attached are true and correct as stated therein, ~~and that this birth has not been previously recorded.~~

Affiant further states that Dr. Finley, M. D., was the ~~Midwife~~ medical attendant at the birth of said Harold Frank Schulte and that the said medical attendant is no knowledge of whereabouts (Now deceased (or) cannot be located)

Name of Affiant Mrs. Frank Schulte

P. O. Address 143 E. Lambourne - Ferndale, Mich.

Subscribed and sworn to before me this 4 day of October, 19 40

Catherine G. Smith
C. SMITH, Notary Public.
Royal Oak, Oakland County, Michigan
My Commission Expires Aug. 22, 1944
Residing at ....., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

cc 10-18-40 [illegible]

235-225-005-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

299991 **299991**

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
OCT 14 1940

1. **PLACE OF BIRTH:**
(a) County Benewah (b) City Sanders
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years 6 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City Sanders
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Sanders Idaho

3. **RESIDENCE OF FATHER** (city, state) Sanders, Ida.

4. **FULL NAME OF CHILD** Ella Esther Klein

5. Date of Birth (Month, day, year) Nov. 25, 1912

6. Sex. Fe.

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 4

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Gustav Karl Klein

11. Color or Race W.

12. Age at time of THIS birth 31 yrs.

13. Birthplace (City or town) Germany (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Schalkau

17. Color or Race W.

18. Age at time of THIS birth 28 years

19. Birthplace (City or town) Russia (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Oct. 25, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida Schalkau Klein, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Ella Esther Klein (Name of person on certificate above) above named (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Van Mulkey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida Schalkau Klein Name
6765 Lewis St. Long Beach, Calif. P. O. Address

Subscribed and sworn to before me on this 3 day of Oct. 1940

(SEAL) Noel Shakespeare Notary Public, residing at Everett, Wa

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 copy issued 10/25/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

862-128-033862

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

299999 State File No. 299999
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Sunnydell
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
Farm of Mary J Wilcox
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years 6 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho

4. **FULL NAME OF CHILD** Glenn Leland Haberecht

5. Date of Birth (Month, day, year) Jan 29-1912

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? no

FATHER OF CHILD

10. **FULL NAME** Joseph Kock
11. Color or Race German
12. Age at time of THIS birth 28 yrs.
13. Birthplace unknown (City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl L. Haberecht
17. Color or Race German
18. Age at time of THIS birth 17 years
19. Birthplace Salina Kansas (City or town) (State or foreign country)
20. Exact Occupation maid
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living X
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 10-10-40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....(Related to (or) acquainted with)
.....(Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Melissa Wilcox Name
Thornton, Idaho P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

351-103-039-239

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Power

City of Roy

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

300042

RECEIVED OCT 14 1940

CERTIFICATE OF BIRTH

300042

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Elmo Cecil Teal

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth Jan. 3, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Archie McKendrick Teal	18. Full maiden name Dolly Evelyn Scrimsher
10. Residence (usual place of abode) (If non-resident, give place and State) Roy, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Roy, Idaho
11. Color or race W | 12. Age at last birthday 34 (years)	20. Color or race W | 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Pachico, California	22. Birthplace (city or place) (State or Country) Dumas, Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 12 yrs.	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 12 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 a. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) V. G. Logan, M. D.

or ....., Midwife

Address Rockland, Idaho

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed Oct 14, 1940 Mae G. Atwood
Registrar.

Bureau of Vital Statistics

1 copy issued 10/25/40 L. B.

315-109-001-419

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

300047

OCT 14 1940

Registration District No. ..... State File No. 300047

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. St. Alphonsus Hospital St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edward Martin Caraway

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Oct 9 1912 (Month, Day, Year)

FATHER

9. Full name: Peter E. Caraway

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race: White | 12. Age at last birthday: 30 (years)

13. Birthplace (city or place) (State or Country): Atlanta Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Maud Martin

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race: White | 21. Age at last birthday: 27 (years)

22. Birthplace (city or place) (State or Country): Salubria Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol. Argent. Nit. 1%

28. Number of children of this mother (At time of this birth and including this child)
This one only (1) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Joseph R. Numbers, M. D.

or ....., Midwife

Address Weiser Idaho

Filed Oct. 14, 1940 Mae G. Atwood

BUREAU OF VITAL STATISTICS Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

cc 10-26-40

MAR 18 1969

391-125-030-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 300058
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Salmon
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED
OCT 15 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Salmon Idaho.

4. **FULL NAME OF CHILD** Earl Floyd Crawford

5. Date of Birth (Month, day, year) April 25, 1912

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Mark Elbert Crawford
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertie Elizabeth Hutcheson
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Aqueous
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 4 a M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN signature** Chas F Hammer M.D. M.D. or (D.O., Midwife, etc.)
and address Salmon Date 10/11/1940

26. (a) 10-14-40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/24/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

49-207-040-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300075
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
Wardner-Kellogg Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 2 days.
In **THIS** county 5 years 10 months 22 days.

RECEIVED
OCT 16 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Same
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Lenora Billie Bartee
5. Date of Birth (Month, day, year) June 7 1912
6. Sex. Female
7. Twin or Triplet x
If so—born 1st, 2nd, 3rd x
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Asa Bartee
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cherokee (City or town) Kansas (State or foreign country)
14. Exact Occupation Bank Cashier
15. Industry or Business First National Bank, Kellogg

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Pearl Manly
17. Color or Race white
18. Age at time of THIS birth 33 years
19. Birthplace Marion (City or town) Alabama (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum x
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Oct 16, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on Bureau of Vit by Statistician (Registrar's signature)

28. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. A. Bartee, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Lenora Billie Bartee (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. H. Kennett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

W. A. Bartee Name

2311, 31st Ave So., Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 14th day of OCT 1940

(SEAL) J. M. McClean Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 12 1947
OCT 5 1971
OCT 29 1954
One copy made 10/28/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

383-218-025-384

WRITE PLAINLY WITH INFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

360093

1. PLACE OF BIRTH
County of Idaho
City of Stites
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Doris Elma Lyle

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term yes
7. Legitimate? yes
8. Date of birth June 18, 1912 (Month, Day, Year)

FATHER

9. Full name: Arthur Chesler Lyle
10. Residence (usual place of abode) (If non-resident, give place and State): Stites-Idaho
11. Color or race: W | 12. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Pullman Washington

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: City Draayman
16. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work: 14 years

MOTHER

18. Full maiden name: Ella May Thurston
19. Residence (usual place of abode) (If non-resident, give place and State): Stites-Idaho
20. Color or race: W | 21. Age at last birthday: 24 (years)
22. Birthplace (city or place) (State or Country): Pullman-Wash.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: house wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child): three
(a) Born alive and now living 3 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or Arthur C. Lyle - Father, Midwife
Address 5349 Templeton St. L. A. Calif.

Give name added from a supplemental report Oct-14th 1940 (Date of)

Filed Oct. 14, 1940 - Mae G. Attwood
Registrar.

____
Registrar.

Bureau of Vital Statistics

DELAYED

DOE OF 1912-7984

383 - 218-025-384

STATE OF ~~IDAHO~~ CALIFORNIA

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ella May Lyle being first duly sworn says that she is the Mother (Relationship of child)* of DORIS ELMA LYLE born June 18th, 1912 (Date of birth) at Stites, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Doris Elma Lyle hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor who cannot be located and whose name is forgotten, M. D., was the Midwife medical attendant at the birth of said Doris Elma Lyle and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Mrs. Ella May Lyle
P. O. Address 5549 Templeton St., Los Angeles

Subscribed and sworn to before me this 14th day of October, 19 40

Mela A. Frauenglass
Notary Public.
My Commission Expires June 24, 1943

Residing at 181 Palatine Dr., Alhambra, California

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

10/28/40

767110-C

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301168
Local Reg. No. 166
Reg. Dist. No. 142

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R F D No. 219 E. Division
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 6 years.....months.....days.

RECEIVED
OCT 16 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. 219 E Division
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** George Wenceslaus Papesh
5. Date of Birth (Month, day, year) July 10 - 1912
6. Sex. M
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy full time
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wenceslaus William Papesh
11. Color or Race W
12. Age at time of THIS birth 35 yrs.
13. Birthplace Czecho Slovakia (City or town) (State or foreign country)
14. Exact Occupation Meat Market
15. Industry or Business Own business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Elizabeth Allen
17. Color or Race W
18. Age at time of THIS birth 34 years
19. Birthplace Bangor (City or town) California (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2.
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct 14-1940 (Date received) (b) Mrs. Helen McBride (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace Elizabeth Papesh, being first duly sworn, say that I am Mother (Related to (or) acquainted with) George Wenceslaus Papesh (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Leon G. Kennett (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Grace Elizabeth Papesh Name
219 E. Division St. P. O. Address

Subscribed and sworn to before me on this 9th day of October, 1940.

(SEAL) Lam Donald Notary Public, residing at Kellogg, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Oc 10-28-40 - mp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-105040-389

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
OCT 17 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 301175

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Shoshone
City of Wardner, Idaho
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Felix Emil Ferdinand Becker

3. Sex male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? yes | 8. Date of birth August 5, 1940 (Month, Day, Year)

FATHER

9. Full name Fred Becker
10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg, Idaho
11. Color or race White | 12. Age at last birthday 65 (years)
13. Birthplace (city or place) (State or Country) Germany

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mine
16. Date (month and year) last engaged in this work to date, 1940 | 17. Total time (years) spent in this work 27

MOTHER

18. Full maiden name Helen Thiele
19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg, Idaho
20. Color or race White | 21. Age at last birthday 65 (years)
22. Birthplace (city or place) (State or Country) Germany

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work to date, 1940 | 26. Total time (years) spent in this work 37

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother (At time of this birth and including this child) four
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks | 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or ~~Stillborn~~) at 12 midnight m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) J. R. Mason, M. D.
or _____, Midwife
Address _____

Filed 10/17/40, 193_ Mae D. Atwood
Registrar.

_____
Registrar.

[illegible]

[illegible]/82/0[illegible]00

713 103-009-345 — Born 2:40 P.M. 301205

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301205
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Dover
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 7 years.....months.....days.

OCT 2 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** John Willis Gathwright
5. Date of Birth (Month, day, year) May 3, 1912
6. Sex.
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Fred Roy Gathwright
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Barron (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Sawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Christina Luer
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Ridgeland (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by Fred Roy Gathwright (First name) (Last name) is related to this child as Father (Mother, etc.)

26. (a) Oct 21, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's **OWN signature** Patterson M.D. or (D.O., Midwife, etc.) and address Sand point, Ida. Date

State of Wash.
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred Roy Gathwright, being first duly sworn, say that I am Father (Related to (or) acquainted with) John Willis Gathwright (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Patterson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John Willis Gathwright Name
4209 W. Spokane Seattle Wash. P.O. Address

Subscribed and sworn to before me on this 17 day of October 1940

(SEAL) [signature] Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

@ c 10/28/40

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-129006-256

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301207

State File No. 301207
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Blackfoot
(c) Street Address or R F D No. South Main
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. **RESIDENCE OF FATHER** (city, state) .....

4. **FULL NAME OF CHILD** Roy A. Bell, (no name for A.)

5. Date of Birth (Month, day, year) Nov. 29, 1912

6. Sex. Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Finley Albert Bell
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Kirksville, Missouri (City or town) (State or foreign country)
14. Exact Occupation Section Foreman O. S. L.
15. Industry or Business xxxx

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Knox
17. Color or Race White
18. Age at time of THIS birth 40 years
19. Birthplace Hanibal, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business xxx

22. Name prophylactic used to prevent Ophthalmia Neonatorum xxx
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

No. doctor and midwife deceased.

26. (a) Oct 24 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Alice Bell, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Roy A. Bell (Name of person on certificate above) as the mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Marie C. Nothdurft (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Alice Bell ..... Name

Blackfoot, Bingham Co. Idaho ..... P. O. Address

Subscribed and sworn to before me on this 19th day of October, 1940.

(SEAL) ..... Notary Public, residing at Blackfoot, Idaho.

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 10/28/40
RPSA

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO)
: ss.
County of Bingham)

Mary Alice Bell of Blackfoot, Bingham County, Idaho, being first duly sworn, deposes and says, that she is the identical person who on October 28th, 1940, obtained Certificate of Birth No. 17826, State File No. 301207, for her son, Roy A. Bell, born November 29th, 1912, and in obtaining said Certificate of Birth affiant made an incorrect statement in her affidavit for said certificate in answer to No. 23 of the statement:

"Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead _____ (d) Stillborn _____."

The correct statement is:

Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn _____.

Affiant requests that said Certificate of Birth be corrected to state the facts as herein set forth and in this regard states that at the time of the birth of said Roy A. Bell, who was the last child born to affiant, there was but one other child living and at that time a son and a daughter having died.

Mary Alice Bell.

Subscribed and sworn to before me this 6th day of August, 1941.

John J. Jones

Notary Public for the State of Idaho
Residing at Blackfoot, Idaho.

My Commission expires July 17th, 1945.

295 230 240 553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301419
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County (b) City Wardner
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years months days.

OCT 31 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Portland Oreg
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Irma Rebeca Kieling
5. Date of Birth (Month, day, year) 5-30-12
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ellis Henry Kieling
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Chewelah Wn. (City or town) (State or foreign country)
14. Exact Occupation laborer (mining)
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Elizabeth Elfers
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Lucile Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. One. (b) Born alive and now living. one
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive, stillborn~~ at M. on the date and at the place stated ~~above, and that personal particulars were~~ furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mae G. Atwood

26. (a) Oct. 31, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** deceased M.D. or deceased (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marie Elizabeth Kieling, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Irma Rebeca Kieling (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that our mother (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Marie Elizabeth Kieling Name
2315 N Williams St. Portland Ore. P. O. Address

Subscribed and sworn to before me on this 29th day of October, 1940

(SEAL) B W Green Notary Public, residing at Portland Ore

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993124 029 395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301431
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Kendrick
(c) Street Address or R F D No. Rural
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED NOV 1 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Kendrick Ida
3. **RESIDENCE OF FATHER** (city, state) Kendrick Ida.

4. **FULL NAME OF CHILD** Virgil Frank Riley.
5. Date of Birth (Month, day, year) June-24-1912
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Riley.
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Moscow, Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer.
15. Industry or Business farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Pearl Livengood
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace Topeka, Kansas. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business farming.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nora Pearl Riley, who is related to this child as mother (Mother) (First name) (Last name)

26. (a) Nov. 1, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature Eva Riley M.D. or midwife (D.O., Midwife, etc.)
and address E-2814-3 Sprague ave Spokane Wash Date Oct-31-'40

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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843109-031-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301435
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Lewis (b) City Nezperce
(c) Street Address or R F D No. R F D
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. In **THIS** county 30 years 0 months 0 days.

RECEIVED NOV 1 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City Nezperce Idaho
(d) Street Address or R.F.D. No. R E D 1
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Nezperce Idaho

3. **RESIDENCE OF FATHER** (city, state) Nezperce Idaho

4. **FULL NAME OF CHILD** Neddie Harrison Hutchins

5. Date of Birth (Month, day, year) 8-9-12

6. Sex. M

7. Twin or Triplet 0

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Hutchins
11. Color or Race W
12. Age at time of THIS birth 47 yrs.
13. Birthplace Waterviliet (City or town) Mich. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virginia Priand
17. Color or Race W
18. Age at time of THIS birth 33 years
19. Birthplace O (City or town) Belgium (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 6.30 P.M. on the date and at the place stated above and that personal particulars were furnished by Charles Hutchins (First name) (Last name), who is related to this child as Father (Mother, etc.)

11-1-40

26. (a) 6-9-12 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ——— by ——— (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address [illegible] 9-12

State of Idaho }
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Hutchins, being first duly sworn, say that I am Related (Related to (or) acquainted with) Neddie Harrison Hutchins (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Charles Hutchins (Name of attendant at birth), who attended said birth Alive (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles Hutchins Name
Nezperce Idaho P. O. Address

Subscribed and sworn to before me on this 29 day of October 1940

(SEAL) [signature] Notary Public, residing at Nezperce Idaho

SEP 2 9 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

certified copy issued Nov. 14, 1940. I.W.

249-112 006853

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301463
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Blackfoot
(c) Street Address or R F D No. 3
(d) Name of Hospital or Maternity Home: at home NOV 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days. at home
In **THIS** county ~~year~~ years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address Blackfoot Ida

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Ida

4. **FULL NAME OF CHILD** Howard Clifton Burns

5. Date of Birth (Month, day, year) May 12, 1912

6. Sex. Male

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas J. Burns
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Greenville (City or town) Illinois (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Service Station & Cabin Camps

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Hellewell
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Sheffield (City or town) England (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business Service Station & Cabin Camps

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) ~~Stillborn~~

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at 6 A. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Elizabeth & Thomas J. Burns, who is related to this child as Mother & Father (First name) (Last name)
(Mother, etc.)

26. (a) Nov. 4, 1940 (b) Mae G. Atwood
(Date) (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Thomas J. Burns, being first duly sworn, say that I am Father
(Related to (or) acquainted with)
of Howard Clifton Burns as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Poole & Dr Clifton Burns, who attended
(Name of attendant at birth)
said birth cannot be located and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Thomas J. Burns Name
Blackfoot Idaho P. O. Address

Subscribed and sworn to before me on this 12nd day of November 1940

(SEAL) A. D. Harris Notary Public, residing at Blackfoot Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1974

JUN 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Certified copy issued NOV. 5, 1970. L.M.

363 117 022-355

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

301489

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Fremont
City of Greenteber Idaho NOV 2 1940
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harold Everett Collier

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Sept. 17, 1912 (Month, Day, Year)

FATHER

9. Full name John Crockett Collier
10. Residence (usual place of abode) (If non-resident, give place and State) Downey California
11. Color or race White | 12. Age at last birthday 54 (years)
13. Birthplace (city or place) (State or Country) Beaver Creek Montana

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Jimmie Mary [illegible] Lee
19. Residence (usual place of abode) (If non-resident, give place and State) California
20. Color or race White | 21. Age at last birthday 54 (years)
22. Birthplace (city or place) (State or Country) Johlon California

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
Seven
(a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 7 30/60 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) [signature], M. D.
or ....., Midwife
Address Ashton Idaho
Filed Nov. 2, 1940 Mae G. Atwood
Registrar.

.....
Registrar.

239 208028 897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301508
Local Reg. No.
Reg. Dist. No.

NOV 6 1940

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) ~~Street Address or~~ R.F.D No. Dalton Gardens
(d) Name of Hospital or Maternity Home: born at home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 1 years 3 months 24 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) ~~Street Address or~~ R.F.D. No. Dalton Gardens
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Dalton Gardens, Ida

3. **RESIDENCE OF FATHER** (city, state) Ditto

4. **FULL NAME OF CHILD** ADA ELLEN STIGENWALT

5. Date of Birth (Month, day, year) April 8, 1912.

6. Sex. female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Lee Stigenwalt

11. Color or Race white

12. Age at time of THIS birth 45 yrs.

13. Birthplace Geneva (City or town) Kansas (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Ellen Highland

17. Color or Race white

18. Age at time of THIS birth 40 years

19. Birthplace Des Moines, (City or town) Iowa (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

Mae G. Atwood

26. (a) Nov. 6, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

Bureau of Vital Statistics

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. or ____ (D.O., Midwife, etc.)
and address ____ Date

State of Washington
County of King
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Lillie E. Stigenwalt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ada Ellen Stigenwalt (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A. Hunter, M.D. (Name of attendant at birth), who attended said birth is now deceased (If now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Lillie E. Stigenwalt Name

2024 - 41st Ave. North - Seattle, Washington. Address

Subscribed and sworn to before me on this 4 day of November

(SEAL)

Notary Public, residing at Seattle, King County Washington.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Nov. 9, 1940 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar~~ for ~~record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

386-109 005-491

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301570
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. BENEWAH (b) City. SANDERS
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: NOV 7 1940
In Hosp. or Mat. Home.....days.
In **THIS** county. 2 years.....months. 9 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. IDAHO (b) County. BENEWAH
(c) City. SANDERS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address. SANDERS
3. **RESIDENCE OF FATHER** (city, state). IDAHO

4. **FULL NAME OF CHILD** WILLARD JOSEPH THORSSEN
5. Date of Birth (Month, day, year) OCT. 9, 1912
6. Sex. MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy NINE
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** OSCAR D THORSSEN
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace SWEDEN (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business LUMBERING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMMA MADELINE URAN
17. Color or Race WHITE
18. Age at time of THIS birth 25 years
19. Birthplace PRINCETON, MINN. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business OWN HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was b. ALIVE (born alive, stillborn) at 2:55 A. M. on the date and at the place stated above and that personal particulars were furnished by EMMA THORSSEN (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

Mae G. Atwood

26. (a) Nov. 14, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

25. Attendant's **OWN signature** DR. COLLARD OF DE SMET IDAHO. INDIAN MISSION M.D. or (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

State of WISCONSIN
County of DOUGLAS } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, EMMA MADELINE THORSSEN, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) WILLARD JOSEPH THORSSEN (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. COLLARD (Name of attendant at birth), who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma Madeline Thorssen Name

BENNETT, WISC. P. O. Address

Subscribed and sworn to before me on this 2ND day of NOVEMBER, 1940

(SEAL)

Kenneth S Duncan Notary Public, residing at BENNETT, WISC.

MY COMMISSION EXPIRES MAY 7, 1944

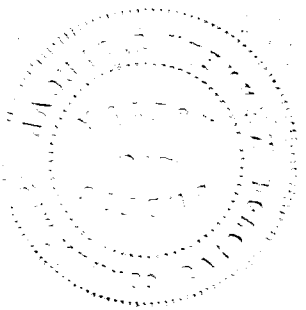
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



714-111-040-262

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 301610

NOV 12 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone
City of Mullan
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. 140 Local Registrar's No. 105

2. FULL NAME OF CHILD Henry Pauline.

3. Sex M.

If plural births 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth July 11, 1902 (Month, Day, Year)

FATHER

9. Full name Frank Pauline.
10. Residence (usual place of abode) (If non-resident, give place and State) Mullan 33
11. Color or race W. | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Austria

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Jenie Koshier.
19. Residence (usual place of abode) (If non-resident, give place and State) Mullan 38
20. Color or race W. | 21. Age at last birthday 40 (years)
22. Birthplace (city or place) (State or Country) Austria

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hse.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 9 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2 A. m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ..... M. D.
or x Mary Shantel Midwife
Address Mullan Ida.

Filed Nov 7, 1940 Edna Buser Registrar.
Bureau of Vital Statistics

cc - 11-19-40 — P

796-203-037-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301632
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Grand View
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City Grand View
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Grand View
3. **RESIDENCE OF FATHER** (city, state) Grand View

4. **FULL NAME OF CHILD** Olive Grace Proctor
5. Date of Birth (Month, day, year) July 3, 1912
6. Sex. F
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy term
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George R Proctor
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Coleta (City or town) Illinois (State or foreign country)
14. Exact Occupation Physician & Surgeon
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Rebecca Tavenner
17. Color or Race White
18. Age at time of THIS birth 41 years
19. Birthplace Polo (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 4
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ....P.M. on the date and at the place stated above, and that personal particulars were furnished by George R. Proctor (First name) (Last name), who is related to this child as (Mother) (Mother, Father, etc.)

26. (a) Nov. 28, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** Geo R Proctor M.D. or (D.O., Midwife, etc.)
and address Grand View, Ida Date 11-11-'40

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended (Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.** (Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 26 1940

11/28/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A 859-205-028-493

RECEIVED
NOV 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

301647

CERTIFICATE OF BIRTH

Registration District No. 120 State File No. ____

Prim. Registration District No. ____ Local Registrar's No. 378

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. ____ St. ____
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Olga Alta Heineman

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term Yes
7. Legitimate? Yes
8. Date of birth Mar. 5 1912 (Month, Day, Year)

FATHER

9. Full name Bernard John Heineman
10. Residence (usual place of abode) Coeur d'Alene (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 32 (years)
13. Birthplace (city or place) Port Hope (State or Country) Michigan

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work still engaged 1912
17. Total time (years) spent in this work 4 yrs

MOTHER

18. Full maiden name Minnetta Lodella Miller
19. Residence (usual place of abode) Cd'Alene (If non-resident, give place and State) Ida.
20. Color or race White 21. Age at last birthday 23 (years)
22. Birthplace (city or place) Hurbert (State or Country) Mich

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home
25. Date (month and year) last engaged in this work still engaged 1912
26. Total time (years) spent in this work 11 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 6th child (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed 11-8-40, 193 ____

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Certified Copy issued Nov. 19, 1940. E.W.

DECEASED

84-4-205-028-493

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 13 1940

State of Michigan
County of Luce

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Lodella Heineman being first duly sworn says that she is the mother (Relationship of child)* of Olga Alta Heineman born March 6 1912 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Olga Alta Heineman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Hattie Eaton, ~~Physician~~ Midwife was the medical attendant at the birth of said Olga Alta Heineman and that the said medical attendant ~~is~~ can not be located (Now deceased (or) cannot be located)

Name of Affiant Lodella Heineman

P. O. Address N-S-H.-Newberry Mich.

Subscribed and sworn to before me this 4 day of November 19 40

Elizabeth Hall
Notary Public.

Residing at Newberry Mich. ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

Jan 10-1942

215-11.0: 01K-556

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301667
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Raymond Edwin Savage

5. Date of Birth (Month, day, year) Aug. 10, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edwin Forrest Savage
11. Color or Race W
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cooksville, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Newman
17. Color or Race W
18. Age at time of THIS birth 32 yrs.
19. Birthplace Cooksville, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Nov. 18, 1940 (Date received) (b) Mae G. Atwood Bureau of Vital Statistics (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edwin F. Savage, being first duly sworn, say that I am related (Related to (or) acquainted with) Raymond Edwin Savage (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that H. B. Ross M. D. (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edwin F Savage Signature

Box 135, New Meadows, Ida. P. O. Address

Subscribed and sworn to before me on this 18th day of November, 1940

(SEAL) Beth Randlebaugh Notary Public, residing at Boise Idaho

DEC 8 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-103-644-816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 3617 50

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361750
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D No. Star Route
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home.....days.
In **THIS** county 7 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 231 E. Commercial
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address Weiser

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Warren Elbert Cary

5. Date of Birth (Month, day, year) Dec. 3 - 1917

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marion Jasper Cary

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Pullman (City or town) Wash. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Alena Hadock Cary

17. Color or Race White

18. Age at time of THIS birth 29 years

19. Birthplace Greenville (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

Mae G. Atwood

26. (a) 11/26/40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucy Alena Cary, being first duly sworn, say that I am related to (Related to (or) acquainted with); Warren Elbert Cary (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Schrieber (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lucy Alena Cary Name

Weiser Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of November, 1945

(SEAL) John J. Dixon Notary Public, residing at Weiser Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11/26/40 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-123-032-759

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Lincoln
City of Richfield
No. ____ St. ____
own home
(If born in hospital or institution give name)

NOV 27 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 302856

Registration District No. 430 State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 0# 14

2. **FULL NAME OF CHILD** Steve Martin Lucich

3. Sex: M

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth Mar. 23, 1912 (Month, Day, Year)

FATHER

9. Full name Martin Steve Lucich

10. Residence (usual place of abode) (If non-resident, give place and State) Richfield

11. Color or race W | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) ? (State or Country) Serbia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm

16. Date (month and year) last engaged in this work Marrch, 1912

17. Total time (years) spent in this work 3 yrs

MOTHER

18. Full maiden name Ann Peric

19. Residence (usual place of abode) (If non-resident, give place and State) Richfield

20. Color or race W | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) ? (State or Country) Serbia

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. none

25. Date (month and year) last engaged in this work Mar. 23, 1912

26. Total time (years) spent in this work 3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) [signature], M. D.

or ____, Midwife

Address Shoshone, Idaho

Filed Nov. 25, 1940 Myrtle C. Burdett
Registrar.

Registrar.

Certified Copy issued Dec. 3, 1940. E.W.

APR 12 1943

213 229-025 255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302863
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Clearwater
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. In **THIS** county 24 years ..... months ..... days.

NOV 26 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Clearwater
3. **RESIDENCE OF FATHER** (city, state) Clearwater

4. **FULL NAME OF CHILD** Della May Baldwin
5. Date of Birth (Month, day, year) 2/29/1912
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred James Baldwin
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace ..... (City or town) Ky. (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ella Jones
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Clearwater (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living Yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Nov. 26, 1940 (Date received) 11-27-40 (b) Mae G. Atwood (Registrar's signature)

27. Given name Burden of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Alfred James Baldwin, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Della May Baldwin (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alfred James Baldwin ..... Name
Kooskia Idaho ..... P. O. Address

Subscribed and sworn to before me on this 25th day of November 1940

(SEAL) ..... Notary Public, residing at Kooskia Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299 124 004-271

302875

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302875
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Dingle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Rt.#2, Nampa
3. **RESIDENCE of FATHER** (city, state): Dingle, Idah

4. **FULL NAME OF CHILD** Ories Alberta Bird
5. Date of Birth (Month, day, year) 1/24/12
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Thomas Edward Bird
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Dingle (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Sarah Sparks
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Clarkston (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Emily S. Bird (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Mae G. Atwood

26. (a) Dec. 2, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Emily Sarah Bird, being first duly sworn, say that I am related (Related to (or) acquainted with) Ories Alberta Bird (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo Easley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emily Sarah Bird Signature

Rt. 2. Nampa Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of December, 1940

(SEAL) ..... Notary Public, residing at Nampa Ida.

My Commission Expires April 26, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 10 1973
SEP 3 1974
12/2/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 128 004-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 2 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302882
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Bear Lake Ida (b) City near Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Baby born at home.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home — days. In THIS county 5 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Utah (b) County Davis
(c) City Farmington
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? five yrs.
(f) Mother's mailing address Farmington Utah

3. RESIDENCE OF FATHER (city, state) Farmington Utah

4. FULL NAME OF CHILD Theron Frederick Johnson.

5. Date of Birth (Month, day, year) May 28-1912

6. Sex male

7. Twin or Triplet no. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederick Guy Johnson.
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Shelton (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Myrtle Steed
17. Color or Race white
18. Age at time of THIS birth 23 years
19. Birthplace Farmington (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living both (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.) and address Date

State of Utah } ss.
County of Davis

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frederick Guy Johnson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Theron Frederick Johnson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hackley (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frederick Guy Johnson Name
Farmington Utah P. O. Address

Subscribed and sworn to before me on this 29th day of November 1940

(SEAL) Palusa Stettin Notary Public, residing at Farmington Utah

My Comm. Exp. 3-9-1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

30255

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Caribou

City of Soda Springs

No. ..... St. .....

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Theron Frederick Johnson

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth May 28, 1912 (Month, Day, Year)

FATHER

9. Full name: Frederick Guy Johnson

10. Residence (usual place of abode) (If non-resident, give place and State): Soda Spgs.

11. Color or race: W. | 12. Age at last birthday: 32 (years)

13. Birthplace (city or place) (State or Country): Shelton, Nebraska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Clara Myrtle Steed

19. Residence (usual place of abode) (If non-resident, give place and State): Soda Spgs.

20. Color or race: W | 21. Age at last birthday: 23 (years)

22. Birthplace (city or place) (State or Country): Farmington, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nature of Silver

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Ellis Kaus M. D.

or ....., Midwife

Address Soda Springs Ida

Filed Dec. 6, 1940 193 Mae G. Atwood

Bureau of Vital Statistics

Registrar.

Certified Copy issued Dec. 10, 1940. E.M.

4362 113 022 295

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

302923

NOV 28 1940

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Richard Joseph Costley

3. Sex: male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth March 13, 1912 (Month, Day, Year)

FATHER

9. Full name: Richard Grant Costley
10. Residence (usual place of abode) (If non-resident, give place and State): St. Anthony
11. Color or race: white | 12. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Clarkston, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work: 2 years

MOTHER

18. Full maiden name: Priscilla King
19. Residence (usual place of abode) (If non-resident, give place and State): St. Anthony, Ida,
20. Color or race: white | 21. Age at last birthday: 24 (years)
22. Birthplace (city or place) (State or Country): Logan, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work: 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child): one
(a) Born alive and now living: one (b) Born alive but now dead: none (c) Stillborn: none

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 5 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Richard Grant Costley, M. D. or father, ~~Midwife~~

Address St. Anthony, Idaho

Filed NOV 29 1940, 193.. Mae G. Atwood Registrar.

Bureau of Vital Statistics

WRITE LEGIBLY WITH INDELIBLE PENCIL OR PEN AND INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Montana
County of Lewis and Clark } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Richard Grant Costley being first duly sworn says that he is the father (Relationship of child)* of Richard Joseph Costley born March, 13th, 1912 (Date of birth) at St. Antho ny, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Richard Joseph Costley hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Mallotte, M. D., was the Midwife medical attendant at the birth of said Richard Joseph Costley and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Richard Grant Costley

P. O. Address Augusta, Montana

Subscribed and sworn to before me this 21 day of Sept, 1940

Leo G Murphy
~~Notary Public~~
U S Commissioner

Residing at ....., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

7-14-41

AUG 31 1943

AUG 31 1943

APR 30 1963

SEP 28 196

349/10 025-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302961
Local Reg. No.
Reg. Dist. No.

DEC 2 1940

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Winona Idaho

3. **RESIDENCE of FATHER** (city, state): Winona Ida.

4. **FULL NAME OF CHILD** GLENN, WILLIS TURNER

5. Date of Birth (Month, day, year) Nov. 10, 1912

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** WILLIS, TURNER
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Janesville (City or town) Minnesota. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BERTHA, MAY BUTTERWORTH
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Pineville (City or town) Missouri (State or foreign country)
20. Exact Occupation Farmers, Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive or stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by Bertha, May Turner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Mae G. Atwood

26. (a) Dec. 2, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature W. F. McMahan, M.D. (D.O., Midwife, etc.)
and address Lewiston, Ida Date 11-27-40

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 9, 1940. T.V.

261-115 018-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 2 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302974
Local Reg. No. 161
Reg. Dist. No. 210

1. **PLACE OF BIRTH:**
(a) County CLEARWATER (b) City FRASER
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years....9.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City OROFINO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address OROFINO, IDAHO

3. **RESIDENCE OF FATHER** (city, state) OROFINO, IDAHO

4. **FULL NAME OF CHILD** HERSCHELL WALLACE SWANN

5. Date of Birth (Month, day, year) MAY 15, 1912

6. Sex. MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** LESTER ARTHUR SWANN
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace CENTRAL CITY (City or town), IOWA (State or foreign country)
14. Exact Occupation LOGGER
15. Industry or Business LUMBERING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELINE BERTINA MARTINSON
17. Color or Race WHITE
18. Age at time of THIS birth 22 years
19. Birthplace CLINTON (City or town), MINNESOTA (State or foreign country)
20. Exact Occupation HOUSEWIFE + TAILORING
21. Industry or Business TAILORING

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by MRS. LESTER SWANN (First name) (Last name) who is related to this child as MOTHER (Mother, etc.)

26. (a) 11-28 1940 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN signature** Mrs L Swann M.D. or Mother (D.O., Midwife, etc.)
and address OROFINO, IDAHO Date NOV. 28, 1940

State of Idaho }
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. Lesty Swann, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) HERSCHELL W. SWANN (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. HORSWELL (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Mrs Lester Swann Name

Orofino Ida. P. O. Address

Subscribed and sworn to before me on this 28 day of November

(SEAL) [signature] Notary Public, residing at Orofino, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 19 1950

12/9/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-226028-256

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 5 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 303070
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F D No. 916 - N. 5th St.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 916 N. 5th St.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida

4. **FULL NAME OF CHILD** Ruth Elizabeth Searls

5. Date of Birth (Month, day, year) Jan. 26, 1912

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Guy Clinton Searls
11. Color or Race White
12. Age at time of THIS birth.....yrs.
13. Birthplace Paw Paw (City or town) Mich. (State or foreign country)
14. Exact Occupation Steam engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora M. Knapp.
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Decatur (City or town) Mich. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4 (c) Born alive and now dead 3 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as (Mother). Mae G. Atwood

26. (a) Dec. 5, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington }
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Searls, being first duly sworn, say that I am Mother related to (Related to (or) acquainted with) Ruth Elizabeth Searls (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mary Dorland (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cora Searls Name
E. 1496 N. Crescent - Spokane Address

Subscribed and sworn to before me on this NOV 14 1940 day of

(SEAL) Ed Loge Notary Public, residing at Spokane Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 13, 1940 V.W.

464130 001697

303137

303137

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 30 1940

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1220 E. Bannock
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years Six month 10 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1220 E. Bannock
(e) How long has **MOTHER** lived in Idaho? 6 mo. 10 days
(f) Mother's mailing address 1220 E. Bannock

3. **RESIDENCE of FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** John Gerald Donnel

5. Date of Birth (Month, day, year) Dec. 30. 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Paul Girard Donnel
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Auburn (City or town) Kansas (State or foreign country)
14. Exact Occupation Electric - Lineman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Luella Wiggins
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Milan (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by My Wife records (First name) (Last name), who is related to this child as (Mother) Mae G. Atwood

26. (a) Dec. 31, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** Mary A. Calloway M.D. (D.O., Midwife, Other)
and address Boise Idaho Date 12-31-40

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Luella M Donnel, being first duly sworn, say that I am Related to (Related to (or) acquainted with) John Gerald Donnel (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Drs. Mary Allen Calloway (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Luella M. Donnel Signature

[redacted] Myrtle P.O. Address

Subscribed and sworn to before me on this 27th day of Dec, 1940

(SEAL) Lambert Cole Notary Public, residing at Monrovia Calif.

My Commission Expires March 15, 1941

NOTARY PUBLIC
FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

JUL 16 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 1912-11412

Certified Copy issued Jan. 7, 1941. B.M.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713 217016-253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304278

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No. At home
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county abt 1 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? Abt. 5 yrs.
   (f) Mother's mailing address Oakley, Idaho

3. **RESIDENCE of FATHER** (city, state): Oakley, Idaho

4. **FULL NAME OF CHILD** Ursula Ritchie

5. Date of Birth (Month, day, year) Dec. 17, 1912

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Ritchie
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Marriott (City or town) Utah (State or foreign country)
14. Exact Occupation Agricultural Field Man
15. Industry or Business Amalgamated Sugar Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nell Becraft
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Batavia (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as (Mother) May G. Atwood

26. (a) Dec. 20, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Colorado
City & County of Denver } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank W. Becraft, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ursula Ritchie Harburg (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A.F.O. Neilson, M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank W. Becraft Signature

327 U.S. Nat. Bank Bldg. Denver, Colo. P. O. Address

Subscribed and sworn to before me on this 17th day of December, 1940

(SEAL) Margaret Stepp Notary Public, residing at Denver, Colorado

My Commission expires March 1- 1943.

JUL 15 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 21, 1940. E. W.

313102 035 817

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304336
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 60 days.
In THIS county 3 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Snake River Ave
(e) How long has MOTHER lived in Idaho? 35 yrs.
(f) Mother's mailing address
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leo Chester Caldwell
5. Date of Birth (Month, day, year) Feb 2 1912
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Joseph Caldwell
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace unknown (City or town) Colorado (State or foreign country)
14. Exact Occupation Artist
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Millie Hagel
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Paris (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Millie Davenport (First name) (Last name), who is related to this child as Mother (Mother, etc.) Mae G. Atwood

26. (a) Dec. 26, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of California
County of Stanislaus } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Millie Davenport, being first duly sworn, say that I am related to the Mother (Related to (or) acquainted with) Leo Chester Caldwell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Hagel (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Millie Davenport Name
Box W Oakdale Calif P. O. Address

Subscribed and sworn to before me on this 21 day of December 1940
(SEAL) Clarence E. Wood Notary Public, residing at Oakdale

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 3, 1941. L.W.

STATE OF CALIFORNIA)
) SS
COUNTY OF STANISLAUS)

Mrs Millie M.Davenport being duly sworn deposes and states, under oath , that she is the mother of Leo Chester Caldwell. The affiant further states under oath that Leo Chester Caldwell was born on the Second day of February in the year 1912 . The affiant further stated undar oath that Leo Chester Caldwell was born in the town of Kamiah , County of Nez Perce Idaho

Millie Davenport

Subscribed and sworn to before
me Clarence E.Wood A Notary Public
in and for Stanislaus County California
on this 16th day of November 1940

Clarence E. Wood
Notary Public

My Commission expired March 31 1941

DEC 26 1940

955 116 039959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 27 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304343
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City American Falls
(c) Street Address or R F D No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City American Falls
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? Since yrs.
(f) Mother's mailing address American Falls Rural
3. **RESIDENCE OF FATHER** (city, state) Same as Mother

4. **FULL NAME OF CHILD** Arthur William Renke
5. Date of Birth (Month, day, year) Sept. 16, 1912 9-16-'12.
6. Sex. Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9-
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Renke
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business on farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Reichwig
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic ~~used to prevent~~ Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at 6:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Katie Renke (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Mae G. Atwood

26. (a) Dec. 27, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature Katie Renke - mother M.D. or (D.O., Midwife, etc.)
and address R.F.D. La Salle, Colo. Date 12-26-40

State of Colorado
County of Weld } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Katie Renke, being first duly sworn, say that I am Mother related to (Related to (or) acquainted with) Arthur William Renke (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Will (Name of attendant at birth), who attended said birth cannet be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Katie Renke Name
LaSalle, Colo. Rt. 1 P. O. Address

Subscribed and sworn to before me on this 26th day of December, 1940

(SEAL) Betty Bach Notary Public, residing at Greeley, Colo

My Commission Expires April 30, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 3, 1941. E.W

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
JAN 7 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

304379

CERTIFICATE OF BIRTH

County of Owyhee

City of Bruneau

No. 391 109 037 366 St.

Registration District No. 380 State File No. 304379

Hospital

Primary Registration District No. Local Registrar's No. 44

FULL NAME OF CHILD Harold C. Crabb
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr. 9, 1912

What bactericidal solution was used in eyes? 1 % Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Ben Crabb	FULL MAIDEN NAME	Caudia Elizabeth Lonsli
RESIDENCE	Bruneau Idaho	RESIDENCE	Bruneau, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Bruneau, Idaho	BIRTHPLACE	Lewisville, Idaho
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) W. J. Bartlett

Physician
(Physician or midwife)

Address Mt. Home, Idaho

Filed Jan. 7 1941

Registrar.

1/7/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 304379
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for Harold C. Crabb (Name on original certificate) who was born (Was born or died) on 4/9/1912 (Date of event)

in Bruneau, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Harold H. Crabb	Harold C. Crabb

Subscribed and sworn to before me this 22nd day of December, 1941

Signed Candis E. Crabb
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise

My commission expires April 1, 1945

Mt. Home Idaho
(Street Address, City, State)

[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at

My commission expires

(Street Address, City, State)

[SEAL]

Received for filing on By
(Registrar's signature)

FEB 22 1973

754-204 037-754

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 2 1941

State File No. 304421
Local Reg. No. 41
Reg. Dist. No. 395

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Silver City, "

3. **RESIDENCE of FATHER** (city, state): "

4. **FULL NAME OF CHILD** Mary Madelina Pedracini

5. Date of Birth (Month, day, year) Feb. 4, 1912.

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lorenzo Pedracini
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Sundalo, (City or town) Italy (State or foreign country)
14. Exact Occupation Mining & Agriculture
15. Industry or Business Self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Giovann Pedracini
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Sundalo, (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Nov. 25th, 1940 (Date received) (b) T.N. Leonard (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Owyhee, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lorenzo Pedracini, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Madelina Pedracini (Name of person on certificate above) as her father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Margaret Cavaney (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lorenzo Pedracini Signature

Murphy, Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of November, 19 40

(SEAL) Milo Apelsen Notary Public, residing at Murphy, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231 110 003 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 31 1940

State File No. 304451
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County (b) City Pocatello
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: HOSPITAL Pocatello
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years....6....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Harold Benjamin Stanger

5. Date of Birth (Month, day, year) 3-10-1912

6. Sex.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Benjamin Bright Stanger
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Pocatello Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irie Tilly Rosenbrook
17. Color or Race white
18. Age at time of THIS birth 23 years
19. Birthplace Hannibal Mo. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 5% Ag
23. Number of children of this mother: (a) At time of birth and including this child. None (b) Born alive and now living None
(c) Born alive and now dead None (d) Stillborn. None

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

RECEIVED FEB 3 1941

26. (a) (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Irie Tilly Stanger, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Harold Benjamin Stanger (Name of person on certificate above) Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Irie Tilly Stanger Name
1716 Parkview Los Angeles P. O. Address

Subscribed and sworn to before me on this 29th day of November 1940

(SEAL) [redacted] Notary Public, residing at Los Angeles California

My Commission Expires June 28 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 2013

2/5/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

844 21 8 028 819

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 31 1940

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. West Garden
(d) Name of Hospital or Maternity Home:
Coeur d'Alene Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
In **THIS** county 7 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene,
(d) Street Address or R.F.D. No. 1017 Indiana
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address 1017 Indiana

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Wilma Elizabeth Hudson

5. Date of Birth (Month, day, year) 9-18-12

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harley Morgan Hudson
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Jefferson County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Lunch Counter operator
15. Industry or Business Lunch Counter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Alma Harrison
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Ardoch, North Dakota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mae G. Atwood

26. (a) Dec. 31, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace Alma Harrison Hudson, being first duly sworn, say that I am ~~Mother~~ related to (Related to (or) acquainted with) Wilma Elizabeth Hudson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hunter (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Grace Alma Harrison Hudson Signature

731 2nd St. Coeur d'Alene, Idaho. P. O. Address

Subscribed and sworn to before me on this 30th day of December, 19 40

(SEAL) Notary Public, residing at Coeur d'Alene, Idaho

My commission expires June 2, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Jan. 10, 1941. M.M.

242/105 33

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED JAN 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304551
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Lincoln now Gooding (b) City Tuttle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Tuttle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Wendell,

3. **RESIDENCE of FATHER** (city, state) Tuttle

4. **FULL NAME OF CHILD** Arthur Sheldon Kassens

5. Date of Birth (Month, day, year) Dec. 5 1912

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8½

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ira Arthur Kassens
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Greensburg (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Lu Bessie Pearson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Mt Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 7, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ira Arthur Kassens, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arthur Sheldon Kassens (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Marshall (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ira Arthur Kassens Signature
Wendell Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of January 1941

(SEAL) I. D. M. Denney Notary Public, residing at Wendell, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Jan. 15, 1941. E.K.

141-110-006-434 RECEI

304655

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census JAN 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. RFD #1
(d) Name of Hospital or Maternity Home: confined at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home --- days.
In **THIS** county 2 years 8 months 20 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address RFD #1, Shelley, Idaho

3. **RESIDENCE of FATHER** (city, state): Shelley, Idaho

4. **FULL NAME OF CHILD** Gerald Adamson

5. Date of Birth (Month, day, year) March 10, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George DeLoss Adamson
11. Color or Race white
12. Age at time of THIS birth 23 4/12 yrs.
13. Birthplace American Fork (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe Grace McMullin
17. Color or Race white
18. Age at time of THIS birth 22 2/12 yrs.
19. Birthplace Leeds (City or town) Utah (State or foreign country)
20. Exact Occupation Farmer (housewife)
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Phoebe Grace Adamson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Jan. 13, 1941 (Date received) (b) Clyde A. Bridger, Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Elzada A. Lawrence MD.
Elzada A. Lawrence XXX., Midwife, XXX
and address Shelley, Idaho Date 1-6-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

1/15/41/ EF

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-111-035-235

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 305929
Local Reg. No.
Reg. Dist. No. 220

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St Joseph's Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Washington (b) County Garfield
(c) City Pomeroy
(d) Street Address or R.F.D. No. Farm near Pom.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Pomeroy, Wn.

3. **RESIDENCE of FATHER** (city, state): Pomeroy, Wn.

4. **FULL NAME OF CHILD** Omer Donald Fitzsimmons

5. Date of Birth (Month, day, year) Sept. 11, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Omer Fitzsimmons
11. Color or Race W
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena May Stember
17. Color or Race W
18. Age at time of THIS birth 26 yrs.
19. Birthplace Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 20, 1941 (Date received) (b) Patricia Burke (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena M. Fitzsimmons, being first duly sworn, say that I am related to (Related to (or) acquainted with) Omer Donald Fitzsimmons (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shaff (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lena M. Fitzsimmons Signature
Pomeroy, Washington P. O. Address

Subscribed and sworn to before me on this 20 day of January 1941.

(SEAL) Ruby Reinguber. Notary Public, residing at Lewiston Idaho.

CLERK OF THE DISTRICT COURT
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 30, 1941. E.M.

819-107-004-713

305930

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 22 1941

State File No. 305930
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R F.D No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In own home
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.
(f) Mother's mailing address Bloomington, Idaho

3. **RESIDENCE OF FATHER** (city, state) Bloomington Idaho

4. **FULL NAME OF CHILD** Philip James Hart

5. Date of Birth (Month, day, year) Sept. 7, 1912

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy — 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Augustus Hart
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Bloomington (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Cecilia Patterson
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Bloomington (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at A P.M. on the date and at the place stated above and that personal particulars were furnished by Hart, Sarah Cecelia (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 22 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** J. W. Hayward M.D. or (D.O., Midwife, etc.)
and address Logan Utah Date Jan. 17, 1941

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....
(Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

copies 1/30/41 L. S.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

249-106-033-195

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

305998

JAN 23 1941

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 630 State File No. C
Prim. Registration District No. 2178 Local Registrar's No. 3

2. FULL NAME OF CHILD Overton Arnold Smith

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Feb 6 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name James A. Smith	18. Full maiden name Alice Edna Arnold
10. Residence (usual place of abode) (If non-resident, give place and State) Rexburg	19. Residence (usual place of abode) (If non-resident, give place and State) Rexburg
11. Color or race W | 12. Age at last birthday 21 (years)	20. Color or race W | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Rexburg Ida	22. Birthplace (city or place) (State or Country) Rexburg Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work life	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 11 8 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Joseph Walker, M. D.
or ....., Midwife
Address Rexburg, Idaho (Feb 6, 1912)

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed JAN 23 1941, 193.. Clyde A. Bridger Acting Registrar.

513-130-022-493

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306063
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Driggs
(c) Street Address or R F D No. R.F.D. No 1.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Driggs
(d) ~~Street~~ Address of R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? Deceased yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Jesse Valentine

5. Date of Birth (Month, day, year) December 30, 1912

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Bertram Valentine
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minerva Dille
17. Color or Race White
18. Age at time of THIS birth 40 years
19. Birthplace Hyrum Utah (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Jesse Hillman (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) Jan. 24, 1941 (Date received) (b) Florence Davidson (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** Nettie Hillman M.D. or Nurse (D.O., Midwife, etc.) and address Driggs Idaho Date Jan. 24, 1941

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Name

P. O. Address

Subscribed and sworn to before me on this 24th day of January 1941

(SEAL) Notary Public, residing at Driggs, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 5, 1941. E.M.

792-11-1035-235

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306139
Local Reg. No.
Reg. Dist. No.

JAN 31 1941

1. **PLACE OF BIRTH:**
(a) County Nesperse (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Privet Maternity Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 2 wks days.
In **THIS** county years month 14 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yr. yrs.
(f) Mother's mailing address Castle Rock Wn.

3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** Walter J. Gibson

5. Date of Birth (Month, day, year) Mar. 17th. 1912 19 12

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John J. Gibson
11. Color or Race white
12. Age at time of THIS birth 18 yrs.
13. Birthplace Emporia (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle H. Stevens
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Dalls (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) JAN 31 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** unknown M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Cowlitz }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John J. Gibson / Walter J. Gibson (Name of person on certificate above), being first duly sworn, say that I am the father (Related to (or) acquainted with) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John J. Gibson Signature

Castle Rock Washington P. O. Address

Subscribed and sworn to before me on this 30th day of January 19 41

(SEAL) B. F. Bayless Notary Public, residing at Kelso Washington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-117-013-243

PLACE OF BIRTH

REC

FEB 7 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

306247

CERTIFICATE OF BIRTH

County of Lemas

City of Manard

No. ____ St.

Hospital At Home

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Norman Butler Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 17 1912

What bacterioidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jesse L Smith	FULL MAIDEN NAME	Olive Butler
RESIDENCE	Manard Idaho	RESIDENCE	Manard Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Richfield Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** ____ **M. on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie C Thurber

(Physician or midwife)

Address Fairfield Idaho

Give names added from a supplemental report.

____, 19____

____
Registrar.

Filed 2-7 1941

Clyde A Bridges
Acting
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

542-220043-412

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306318
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Valley (b) City Norwood
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City Norwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Norwood, Ida.

3. **RESIDENCE OF FATHER** (city, state) Norwood, Ida.

4. **FULL NAME OF CHILD** Ilah Olive Nisula

5. Date of Birth (Month, day, year) 10-20-1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Nisula

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Finlande
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna H. Maki

17. Color or Race White

18. Age at time of THIS birth 25 years

19. Birthplace Finlande
(City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Feb. 13, 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on.....by Acting (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna H Nisula, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Ilah Olive Nisula (Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendent (Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna H Nisula Name

Norwood, Ida P. O. Address

Subscribed and sworn to before me on this 13 day of Dec 1940

(SEAL) .....Notary Public, residing at Donnelly Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 13, 1961. E.K.

215-208-029-168

306321

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 306321

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 Mths.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Moscow, Ida.

4. **FULL NAME OF CHILD** Dorothy Marie Kaeser

5. Date of Birth (Month, day, year) Aug 8 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herman Kaeser

11. Color or Race American

12. Age at time of THIS birth 34 yrs.

13. Birthplace Wisconsin (City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen E Johnson

17. Color or Race American

18. Age at time of THIS birth 20 yrs.

19. Birthplace Payette (City or town) Idaho (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Feb. 17, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Mrs H Kaeser M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. H. Kaeser, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dorothy Marie Kaeser (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Grittman (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs H Kaeser Signature

P. O. Address

Subscribed and sworn to before me on this 17th day of February, 1941

(SEAL) Wm E Dunbar Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Ada)

AFFIDAVITS FOR CORRECTION OF A RECORD

Mrs. H. Kaeser of Boise, Idaho

Being first duly sworn, deposes and says that she is the mother
(if related, specify degree,

of Dorothy Marie Kaeser
if friend or otherwise, so state)

who was born in the city of moscow, County of Latah
(was born, died)

on the 8th day of August, 1913, as stated in a certificate of birth
birth or

filed by Mrs. H. Kaeser
death (name of physician or midwife, or undertaker for death)

with the ~~Local~~ State Registrar for the //// of State of Idaho, //////////
Idaho, on the 17th day of February, 1941.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Date of birth: Aug. 8, 1913

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Date of birth: August 8, 1912

(SEAL)

Affiant Mrs Kaeser

Address 1206 Wash. St. Boise

Subscribed and sworn to before me this 19th day of May 1941

Wm G. Dunbar
Notary Public

STATE OF)
) SS.
COUNTY OF)

of

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant

Address

Subscribed and sworn to before me this day of 19

(Seal)

Notary Public

134-109-040-395

306371

RECEIVED
FEB 11 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. _____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frank Ingvar Almquist

3. Sex Boy | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 | 6. Premature _____ Full term yes | 7. Legitimate? Yes | 8. Date of birth April 9, 1941 (Month, Day, Year)

FATHER

9. Full name Gust Almquist
10. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida
11. Color or race W | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quartz Mill Boss
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work April, 1941 | 17. Total time (years) spent in this work 10+

MOTHER

18. Full maiden name Mina Lindgreen
19. Residence (usual place of abode) (If non-resident, give place and State) Mullan
20. Color or race W | 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or Country) Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work April, 1941 | 26. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol Sol 8%

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — Before labor — During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8:30 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H W Rolfs, M. D.

or _____, Midwife

Address RECEIVED Mullan Ida

Give name added from a supplemental report _____
(Date of)

Filed FEB 11 1941, 193 Clyde A. Bridger, Acting
Registrar.

Registrar.

PRINT PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Certified Copy issued Feb 20, 1941. E.W.

455-42-2036-845

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 306381

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Minidoka (b) City Acequia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Acequia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address Rupert, Idaho.

3. **RESIDENCE of FATHER** (city, state): Deceased

4. **FULL NAME OF CHILD** Robert Eugene Deno

5. Date of Birth (Month, day, year) June 12, 1912

6. Sex Male

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Spiller Deno
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Davis City, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hulda Clista Hunter
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Hollyville, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7
(c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 2/13/41 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hulda Clista Deno, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Eugene Deno (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hulda Clista Deno Signature

P. O. Address

Subscribed and sworn to before me on this 5th day of February, 19 41

(SEAL) A. C. DeMary Notary Public, residing at Rupert, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth, stated.

RECEIVED
FEB 13 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. 451 Local Registrar's No. 10

1. **PLACE OF BIRTH**
County of Kootenai
City of Coeur d'Alene
No. _____ St. _____
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Robert Eugene Glenn

3. Sex: Boy
If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term X
7. Legitimate? _____
8. Date of birth June 22nd 1912 (Month, Day, Year)

FATHER

9. Full name: Wm. Spillers Glenn
10. Residence (usual place of abode) (If non-resident, give place and State): Larsen
11. Color or race: White 12. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or Country): Glenns Ferry Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work 32

MOTHER

18. Full maiden name: Elista Hulda Hunter
19. Residence (usual place of abode) (If non-resident, give place and State): Larsen home
20. Color or race: White 21. Age at last birthday: 00 (years)
22. Birthplace (city or place) (State or Country): Hollyville Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 10 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks
30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 6:20 A. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Elista Hulda Glenn M. D.
or _____, Midwife
Address Rupert, Ida.

Filed Feb 8, 1912 W. E. Elmore Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of)
_____ Registrar.

2/19/41 L. B.

213-116-014-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 31 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306459
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa.
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 10 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. #2
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Nampa, Idaho.

3. RESIDENCE of FATHER (city, state): Nampa, Idaho.

4. FULL NAME OF CHILD James Nathaniel Sala.

5. Date of Birth (Month, day, year) April 16. 1912.

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Edwin Sala

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace (City or town) Missouri (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary B. ~~Sala~~ Taylor

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Racine (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 Sol.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6.
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive born (born alive, stillborn) at One P M. on the date and at the place stated above, and that personal particulars were furnished by Mary B. Sala (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 31 1941 (Date received) (b) Clyde A. Bridger, Acting Director (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Geo. D. A. Kellogg M.D. (D.O., Midwife, etc.)
and address Nampa, Idaho Date

State of Colorado
County of Weld } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary B. Sala, being first duly sworn, say that I am related (Related to (or) acquainted with) James Nathaniel Sala (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary B. Sala Signature
Evans, Colorado. P.O. Address

Subscribed and sworn to before me on this 29th day of January, 1941

(SEAL) Victor W. Conner Notary Public, residing at Greeley, Colorado

MY COMMISSION EXPIRES OCTOBER 4, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1961

Certified copy issued 2-24-1941. dp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714-III 019-652

307613

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce Bureau of the Census

RECEIVED FEB 10 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 763
Reg. Dist. No. 680

1. **PLACE OF BIRTH:**
   (a) County Custer (b) City Clayton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Custer
   (c) City Clayton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 53 20 yrs.
   (f) Mother's mailing address (For registration notice): Clayton, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Clayton, Idaho

4. **FULL NAME OF CHILD** Wilmot Washington Paul

5. Date of Birth (Month, day, year) Aug. 11, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William B. Paul

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Virginia City, Nevada
(City or Town) (State or foreign country)

14. Exact Occupation La orer

15. Industry or Business Mercantile Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian S. Webb

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace Clayton, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:15 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lillian S. Paul (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Jan 16, 1941 (Date received) (b) Edna M. Kenny (Registrar's signature)

25. Attendant's **OWN** signature Lillian S Paul M.D. (D.O., Midwife, etc.)
and address Clayton, Idaho Date 1/16/41

27. Given name added on ..... by .....
(Registrar's Signature)

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Custer } ss.

Lillian S. Paul being first duly sworn says that she is the mother (Relationship of child)* of Wilmot Washington Paul born Aug. 11, 1912 (Date of birth) at Clayton, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Wilmot Washington Paul hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Rosie Webb ~~XXX~~ was the Midwife medical attendant at the birth of said Wilmot Washington Paul and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Lillian S Paul

P. O. Address Clayton, Idaho

Subscribed and sworn to before me this 16 day of January, 19 41

Merle L. Drake
Notary Public.

Residing at Challis, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Certified copy issued Feb. 28, 1941. E.W.

MAR-2 7 1974

465 216 028 493

United States Department of Commerce
Bureau of the Census

RECEIVED FEB 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

307675

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R F.D No. 1
(d) Name of Hospital or Maternity Home: At home on farm
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Rathdrum Ida.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum Ida

4. **FULL NAME OF CHILD** Naomi Ruth Montgomery

5. Date of Birth (Month, day, year) October 16, 1912

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sheridan Montgomery
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Junction (City or town), Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Dickerson
17. Color or Race White
18. Age at time of THIS birth 33 years
19. Birthplace Allen Co. (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. One (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Sheridan Montgomery (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a)..... (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** Lora E Hault M.D. or Midwife (D.O., Midwife, etc.)
and address Athol Idaho Date Oct 16 1912

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/27/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-125-028-685

307790

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Kootenai (b) City Spirit Lake, Ida.
   (c) Street Address or R.F.D. No. No st. or R. Route
   (d) Name of Hospital or Maternity Home: Private home (Giles)
   (e) Mother's stay **BEFORE** delivery: (Visiting)
   In Hosp. or Mat. Home ..... days.
   In **THIS** county years month nine days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Wash. (b) County
   (c) City Winiona
   (d) Street Address or R.F.D. No. None was visiting
   (e) How long has **MOTHER** lived in Idaho? No yrs.
   (f) Mother's mailing address Winiona, Wash

3. **RESIDENCE of FATHER** (city, state) Winiona, Wash

4. **FULL NAME OF CHILD** Melvin James Hampton

5. Date of Birth (Month, day, year) May 25, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Franklin Hampton
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Rafter (City or town) Tenn (State or foreign country)
14. Exact Occupation Farm laborer
15. Industry or Business Farm labor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace E. Whetzel
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Ilbion, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 25 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace E Hampton (Whetzel), being first duly sworn, say that I am ~~the mother~~ related to (Related to (or) acquainted with) Melvin James Hampton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs G.E Whetzel (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Grace E Hampton Signature

Portland 1110 S.E 26 P. O. Address

Subscribed and sworn to before me on this 22nd day of Feb, 1941

(SEAL) F M Leighton, Notary Public, residing at Portland

My Commission Expires May 26, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued 2-3-41. E.M.

395-108007-841

United States Department of Commerce
Bureau of the Census

FEB 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307832
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Fairfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Fairfield Ida.

4. **FULL NAME OF CHILD** Carl Oscar LeRoy Lindstedt

5. Date of Birth (Month, day, year) Feb. 8, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Lindstedt
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilma Haagland
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Oscar Leroy Carl (First name) Lindstedt (Last name), who is related to this child as Grandfather (Mother, etc.)

26. (a) February 26, 1941 (Date received) (b) Clyde A. Bridges Acting (Registrar's signature)

25. Attendant's **OWN signature** Erika J. Olson M.D. (M.D., Midwife, etc.)
and address at Harvard Ida Date 2/8 1912 at this time

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued 3-4-41. E.W.

643-119-003-742

RECEIVED

United States
Department of Commerce
Bureau of the Census

MAR 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308010
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Bannock (b) City Lava Hot Springs
(c) Street Address or R.F.D. No. Idaho.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lava Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Lava Hot Springs

3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD Weldon Jerome Fullmer

5. Date of Birth (Month, day, year) August 19,1912

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Martin Fullmer
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Arimo, Bannock, Idaho (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Gustaveson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 5 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Arthur Martin Fullmer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Weldon Jerome Fullmer, (Name of person on certificate above) as the father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Toone (Mid-Wife) (Name of attendant at birth), who attended said birth cannot be located. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Arthur Martin Fullmer Signature

9083/4 McDonald, Wilmington, Calif. P.O. Address

Subscribed and sworn to before me on this 3rd day of March, 1941

(SEAL) Morton M. Blickinger Notary Public, residing at 511 W Anaheim Wilmington Calif.

My Commission Expires March 15th 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-223-028-293

RECEIVED

MAR 6 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308030
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Kootenai (b) City Coeur d'Alene
   (c) ~~Street~~ Address or ~~R.F.D. No.~~ Cougar Gulch
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ——— days.
   In **THIS** county 14 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. Cougar Gulch
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.
   (f) Mother's mailing address Coeur d'Alene

3. **RESIDENCE of FATHER** (city, state): Coeur d'Alene

4. **FULL NAME OF CHILD** Margaret Maud Bailey

5. Date of Birth (Month, day, year) Dec 23 1940

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horace Herbert Bailey
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud A. Pittleston
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 P. M. on the date and at the place stated above and that personal particulars were furnished by Maud A. Bailey (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) Clyde A. Bridges Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M E Pittleston M.D. (~~D.O.~~, Midwife, etc.)
and address Coeur d'Alene Date March 3 1941

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336-113-043-451

308057

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECE (Be sure the information is as of date of birth of THIS child)

FEB 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Valley (b) City McCall
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City McCall
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): McCall, Ida

4. **FULL NAME OF CHILD** Edwin Charles Close

5. Date of Birth (Month, day, year) Dec 13, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Close
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace BRAZIL, INDIANA. (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Samantha Evelyn Meador
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Cassville, Mo. (City or town) (State or foreign country)
20. Exact Occupation School teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 28 1941 (Date received) (b) Clyde A. Bridger Acting Registrar's signature

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho }
County of Valley } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Close, being first duly sworn, say that I am Father (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Charles Close Signature

P. O. Address

Subscribed and sworn to before me on this 28 day of Feb 1941

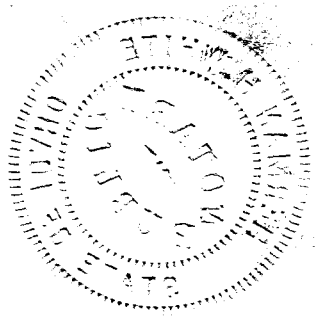
(SEAL) Lehman H. White Notary Public, residing at McCall Idaho

3/12/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255-105-1039-146

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED MAR 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308179
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address American Falls

3. **RESIDENCE of FATHER** (city, state): Ames Falls

4. **FULL NAME OF CHILD** Oscar Knecht

5. Date of Birth (Month, day, year) May 5 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Knecht

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Russia (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pauline Adolf

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace North Dakota (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2.30 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 10 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Katharina Adolf M.D. (D.O., Midwife, etc.)
and address 336 Hilton st Lodi Calif Date Mar 7 41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/14/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

734-110-028-433

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 308242

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 13 1941

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Kootenai (b) City Coeur d Alene
   (c) Street Address or R.F.D. No. 1416-3rd
   (d) Name of Hospital or Maternity Home: Home of parents
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 1 years 4 month 26 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d Alene
   (d) Street Address or R.F.D. No. 1416-3rd
   (e) How long has **MOTHER** lived in Idaho? 1&1/3 yrs.
   (f) Mother's mailing address Gen. Del., CdAlene

3. **RESIDENCE of FATHER** (city, state) Coeur d Alene,

4. **FULL NAME OF CHILD** Robert Plumb

5. Date of Birth (Month, day, year) August 10th, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hiram Francis Plumb
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Madison, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgia Anna McCaslin
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Wheeling, W. Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 13 1941 (Date received) (b) Clyde A. Bridge Acting (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hiram Francis Plumb, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Plumb (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dwyer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hiram Francis Plumb Signature

1416-3rd St, Coeur d Alene, Ida. P. O. Address

Subscribed and sworn to before me on this 12th day of March, 1941

(SEAL)

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D ALENE, IDAHO
MY COMMISSION EXPIRES FEB 19 1945

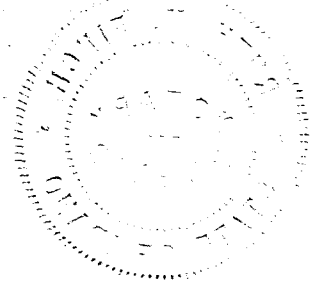
Notary Public, residing at Coeur d Alene, Ida.

cc 2/15/41 PMF

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



349-128-028-815

308257

United States
Department of Commerce
Bureau of the Census

RECEIVED (Be sure the information is as of date of birth of THIS child)

MAR 12 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1425-6th Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1425-6th St.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address R.F.D. #1

3. **RESIDENCE of FATHER** (city, state): Coeur d'Alene, Idaho

4. **FULL NAME OF CHILD** Glenn William Curtiss

5. Date of Birth (Month, day, year) 5/28/12

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Sherman Curtiss
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Dunn County (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Millwright
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Hanson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Rockford, Parkdale ~~Washington~~ Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth~~ and including this child 2 (b) Born alive and now living 2.
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Julia Sparrow (First name) (Last name), who is related to this child as aunt- (Mothers Sister) (Mother, etc.)

26. (a) MAR 12 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

27. Given name added on ____ by ____ (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Washington
County of Spokane } ss.

I, Zoe Richter (Formerly Zoe Curtis), being first duly sworn, say that I am Half-Sister (Related to (or) acquainted with) Glenn William Curtis (Name of person on certificate above) as Half Sister.- (Same Mother) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dahleen (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Zoe Richter Signature

Route 5 Spokane Wash. P. O. Address

Subscribed and sworn to before me on this 8th day of March, 1941

(SEAL)

Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 8 1976

3/18/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 36,~~ Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-12-042-687

United States Department of Commerce Bureau of the Census

RECEIVED MAR 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308343

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Twin Falls (b) City Buhl
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: Whitney Residene
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 7 days.
   In **THIS** county 4 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Buhl
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address Buhl, Idaho

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Philip Peter Reed

5. Date of Birth (Month, day, year) Oct. 24, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph N. Reed
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lairdsville, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Elsie Whitney
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Peasleeville, New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 13 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ralph N. Reed, being first duly sworn, say that I am related (Related to (or) acquainted with) Philip Peter Reed (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A. F. McClusky (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ralph N. Reed, Signature

Marine Route, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of March, 1941

(SEAL) Robert A. Barton Notary Public, residing at Coeur d'Alene, Idaho

My Commission expires June 2, 1941

8/25/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792-219.028-195

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED
MAR 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308344
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Coeur d'Alene Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address Coeur d'Alene, Idaho

3. RESIDENCE of FATHER (city, state): Coeur d'Alene, Idaho

4. FULL NAME OF CHILD: Mary Kathleen Giberson

5. Date of Birth (Month, day, year): March 19, 1912

6. Sex: Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Winthrop Wesley Giberson
11. Color or Race: White
12. Age at time of THIS birth: 50 yrs.
13. Birthplace: New Brunswick, Canada (City or town) (State or foreign country)
14. Exact Occupation: Timber Cruiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Edna Arnquist
17. Color or Race: White
18. Age at time of THIS birth: 35 yrs.
19. Birthplace: Star Prairie, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

RECEIVED

26. (a) MAR 14 1941 (Date received) (b) Mxxx25/ (Registrar's signature)

27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Inez Arnquist, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Kathleen Giberson (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby, M. D. (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Inez Arnquist Signature

1821 "D" Street, Pullman, Washington P. O. Address

Subscribed and sworn to before me on this 12th day of March, 19 41

(SEAL) Notary Public, residing at Pullman, Washington

3/25/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-130-030-211

United States
Department of Commerce
Bureau of the Census

REC MAR 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308348
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lemhi (b) City Gilmore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gilmore
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Seven yrs.
(f) Mother's mailing address Gilmore, Idaho

3. RESIDENCE of FATHER (city, state): Gilmore, Idaho

4. FULL NAME OF CHILD Barton Boyd Casey

5. Date of Birth (Month, day, year) Oct. 30, 1912

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Frank T. Casey	16. FULL MAIDEN NAME Julia F. Barton
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 45 yrs.	18. Age at time of THIS birth 28 yrs.
13. Birthplace Potosi, (City or town) Missouri (State or foreign country)	19. Birthplace Fenton, (City or town) Missouri (State or foreign country)
14. Exact Occupation Minerant	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10.30p.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) MAR 15 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by Acting (Registrar's signature)

25. Attendant's OWN signature ..... M.D.
and address Gilmore, Idaho Date Father (D.O., Midwife, etc.)

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank T. Casey, being first duly sworn, say that I am related to (Related to (or) acquainted with) Barton Boyd Casey (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Paul (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank T. Casey Signature
North Fork, Idaho. P. O. Address

Subscribed and sworn to before me on this 11th day of March, 1941

(SEAL) W.W. SIMMONDS ~~Notary Public~~, residing at Salmon, Idaho
By Margaret Shoup Clerk District Court Deputy.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/25/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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655-103-022-268

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308356
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont.
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Ashton Idaho.

3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Paul Wendel.

5. Date of Birth (Month, day, year) Dec 3-1912.

6. Sex Male.

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Frank Wendel.
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Water Town (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Now Watch maker.

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie May Boyes.
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Lincoln City (City or town) Colorado (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Nettie Wendel (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 11 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

25. Attendant's OWN signature E. L. Hargis M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 3-17-41

27. Given name added on ..... by ..... (Registrar's signature)

State of Utah
County of Sanpete } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank Wendel, being first duly sworn, say that I am Relative (Father) (Related to (or) acquainted with) Paul Wendel (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hargis (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank Wendel Signature
MANTI UTAH P.O. 2. P.O. Address

Subscribed and sworn to before me on this 5th day of Mar, 1941

(SEAL) C. H. Beal Notary Public, residing at Manti, Ut
my com. Exp. Sept. 19, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/25/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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799-217-021-219

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309392
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Franklin (b) City Treasurton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Treasureton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Nettie Griffiths
5. Date of Birth (Month, day, year) Feb 17, 1912
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Frederick Griffiths
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Faraba Maude Barger
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Oxford Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Family record (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 3/24/41 (Date received) (b) Mabel T Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I T. J. Barger, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nettie Griffiths (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Barger (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

T J Barger Signature
Treasureton, Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of March, 1941

(SEAL) Vera B Johnson Notary Public, residing at Preston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/27/41 Z.J.

264-222-040-799

309395

United States
Department of Commerce
Bureau of the Census

MAR 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Mullen Idaho
(d) Name of Hospital or Maternity Home: Providence Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County
(c) City Mullen
(d) Street Address or R.F.D. No. Providence Hospital
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address Weiser Idaho

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Margaret Catherine Bodrero

5. Date of Birth (Month, day, year) Sept 22 - 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Bodrero
11. Color or Race White
12. Age at time of THIS birth 37 living 40 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Realestate X

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Bell Grimmett Bodrero
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Wallace (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrolo
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Ida B. Bodrero (Mother, etc.)

26. (a) 3/24/41 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Wallace Idaho Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/27/41 Z.J.

DELAYED

DUP OF 1912 - 3451

112-104-028-693

309405

United States
Department of Commerce
Bureau of the Census

MAR 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County KOOTENAI (b) City COEUR D'ALENE
(c) Street Address or R.F.D. No. PARK STREET
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county 4 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City COEUR D ALENE
(d) Street Address or R.F.D. No. PARK ST
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address COEUR D ALENE

3. RESIDENCE of FATHER (city, state): SAME

4. FULL NAME OF CHILD ROBERT JOHN JASPER

5. Date of Birth (Month, day, year) Dec 4, 1912

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME FRANK HUBERT JASPER

11. Color or Race WHITE

12. Age at time of THIS birth 35 yrs.

13. Birthplace Cazenovia (City or town) WISCONSIN (State or foreign country)

14. Exact Occupation LUMBER MAN - FIREMAN

15. Industry or Business SAWMILL

MOTHER OF CHILD

16. FULL MAIDEN NAME LOUISE WILLI

17. Color or Race WHITE

18. Age at time of THIS birth 30 yrs.

19. Birthplace (City or town) Switzerland (State or foreign country)

20. Exact Occupation HOUSE ~~[illegible]~~ wife

21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 3/24/41 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Grays Harbor } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank H. Jasper, being first duly sworn, say that I am father related to (Related to ~~(or) acquainted with~~) Robert John Jasper (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr John Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank H Jasper Signature
Box 266 Route #2 Elma, Wn. P.O. Address

Subscribed and sworn to before me on this 21st day of March, 1941

(SEAL) Earl S. Dobeleer Notary Public, residing at Hoquiam, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 3 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/27/41 Z.J.

309464

United States
Department of Commerce
Bureau of the Census

RECEIVED MAR 10 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 41
Reg. Dist. No. 141

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Shoshone (b) City Black Cloud.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 46 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City Black Cloud.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.
   (f) Mother's mailing address (For registration notice):
   Black Cloud
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Maria Carron.

5. Date of Birth (Month, day, year) Aug 20-1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate Yes.

FATHER OF CHILD

10. **FULL NAME** Umberto Carron

11. Color or Race W.

12. Age at time of THIS birth 30 yrs.

13. Birthplace Italy.
(City or Town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Ciani

17. Color or Race W.

18. Age at time of THIS birth 19 yrs.

19. Birthplace Export Penn.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive. (born alive, stillborn) at 3:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Matilda Carron (First name) (Last name); who is related to this child as Mother. (Mother, etc.)

26. (a) Feb 11-41 (Date received) (b) John A Bunn (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Irene Jannetta M.D. (D.O., Midwife, etc.)
and address Wallace Ida. Date Jan

Oct. 21 [illegible]

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

168-1041008-215

United States
Department of Commerce MAR 27 1941
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309532
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Boise (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Boise
(c) City McCall
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address McCall

3. RESIDENCE of FATHER (city, state): McCall

4. FULL NAME OF CHILD Kenneth Augustas Johnson

5. Date of Birth (Month, day, year) Nov 4, 1912

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Benjamin T Johnson	16. FULL MAIDEN NAME Stella May Sandidge
11. Color or Race White 12. Age at time of THIS birth 32 yrs.	17. Color or Race White 18. Age at time of THIS birth 29 yrs.
13. Birthplace Marshaltown (City or town) Iowa (State or foreign country)	19. Birthplace Hannah Station (City or town) Illinois (State or foreign country)
14. Exact Occupation Merchant also contractor	20. Exact Occupation housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 27 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Valeria McFall ~~M.D.~~ (D.O., Midwife, etc.)
and address McCall Date Nov 4, 1912

State of Idaho
County of Valley } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Stella M Johnson, being first duly sworn, say that I am mother (Related to (or) acquainted with) Kenneth Augustas Johnson (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Valeria McFall (Name of attendant at birth), who attended said birth living (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Stella M Johnson Signature
McCall Idaho PO Box 7 P. O. Address

Subscribed and sworn to before me on this 26 day of mar, 1941

(SEAL) Herman H White Notary Public, residing at McCall Ido

Expires Jan 24 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-114-032-359 ...IVED

309598

United States
Department of Commerce
Bureau of the Census

MAR 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lincoln (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ~~[illegible]~~ years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 72 yrs.
(f) Mother's mailing address ~~[illegible]~~

3. RESIDENCE of FATHER (city, state): Jerome Idaho

4. FULL NAME OF CHILD Robert Harold Kersey

5. Date of Birth (Month, day, year) April 14, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James B Kersey
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Hereford (City or town) Shire England (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Leigh
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by James B Kersey (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) March 31, 1941 (Date received) (b) Maud F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James B. Kersey, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Robert Harold Kersey (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Ed Piper (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James B Kersey Signature
Jerome Idaho P. O. Address

Subscribed and sworn to before me on this 28 day of March, 1941

(SEAL) Estella H. Pierce Notary Public, residing at Jerome Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C. C. 4/8/1941 C. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-218-026-819

309652

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED
APR 2 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home NONE days.
In **THIS** county years 1 month 10 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County JEFFERSON
(c) City RIGBY
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address RIGBY, IDAHO.

3. **RESIDENCE of FATHER** (city, state) RIGBY, IDAHO.

4. **FULL NAME OF CHILD** LORAINE ELIZABETH WILKINS

5. Date of Birth (Month, day, year) NOV. 18, 1912

6. Sex FEMALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** THOMAS SMITH WILKINS
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace LOGAN (City or town) KANSAS (State or foreign country)
14. Exact Occupation RAILROAD AGENT
15. Industry or Business OREGON SHORT LINE RR

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA ELIZABETH HARRIS
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace GOODLAND, KANSAS. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 2 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, THOMAS S WILKINS, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) LORAINE ELIZABETH WILKINS (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. L. P. BATWAY (Name of attendant at birth), who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Thomas S. Wilkins Signature

1424 So. 7th. St., Alhambra, Cal. P. O. Address

Subscribed and sworn to before me on this 26 day of March, 1941

(SEAL) Hazel O'Brien Notary Public, residing at Alhambra Calif

My Commission Expires May 3rd. 1943

4/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-206-005-59

RECEIVED

United States
Department of Commerce
Bureau of the Census

APR 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309682
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Benewah (b) City Ferrell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County
(c) City Ferrell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): Ferrell Idaho

4. FULL NAME OF CHILD Esther Eiting Morgan

5. Date of Birth (Month, day, year) August 6th 1912

6. Sex Girls

7. Twin or Triplet Twins If so—born ~~1st~~, (2nd) ~~3rd~~

8. No. months of Pregnancy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Fayett Morgan
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Ashtabula, Ohio (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Barbara Eiting
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Oberjettingen, Germany (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 1 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Riverside } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Barbara Eiting Morgan, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Esther Eiting Morgan (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Nora (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mrs. Barbara Eiting Morgan Signature
2876-6th St. Riverside P. O. Address

Subscribed and sworn to before me on this 21st day of March 1941

(SEAL) Earl J Powell Notary Public, residing at Riverside Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C. C. 4/10/1941 C. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-207-022-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 31 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309690
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Farnum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Farnum
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? [illegible] yrs.
(f) Mother's mailing address Farnum, Idaho

3. **RESIDENCE of FATHER** (city, state): Farnum, Idaho

4. **FULL NAME OF CHILD** Gertrude Sarah Watts

5. Date of Birth (Month, day, year) Dec. 1 - 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Everett Alanson Watts
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Deadwood, (City or town) South Dakota (State or ~~foreign country~~)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Sarah Potter
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Albion (City or town) Idaho (State or ~~foreign country~~)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mch 31 - 1941 (Date received) (b) Mabel H Felker (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Everett Alanson Watts, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Gertrude Sarah Watts (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Everett Alanson Watts Signature
Buhl, Idaho 512 13 St. P.O. Address

Subscribed and sworn to before me on this 26 day of March, 1941

(SEAL) John M Barker Notary Public, residing at Buhl, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1974

C. P. 4/10/1941 C. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-114-006-798 RECEIVED

309694

United States
Department of Commerce
Bureau of the Census APR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Groveland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 40 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Groveland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 62 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Groveland Ida.

4. FULL NAME OF CHILD John Russell Ockerman
5. Date of Birth (Month, day, year) 11-14-1912
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Olin Wilford Ockerman
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Ella Grimmett
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Lander (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Maud F Elder (Registrar's signature)
27. Given name added on ..... by Hyrum Grimmett (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosa Ella Ockerman, being first duly sworn, say that I am Mother to (Related to (or) acquainted with) John Russell Ockerman (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Annie Arvish (Name of attendant at birth), who attended said birth Diseased (Is not deceased (or) cannot be located) and that this birth has not been previously recorded.

Rosa Ella Ockerman Signature
Moreland Ida. P.O. Address

Notary Public Residing at Bkfort Ida
Subscribed and sworn to before me on this 13th day of April 1941
(SEAL) Mrs. Naomi C. Forman Notary Public, residing at Moreland, Ida.
Post Master

MORELAND IDAHO 13 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/19/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

412-120-035-456

RECEIVED APR 4 1941

309703

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Power

City of Near Rockland, Idaho

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harold Gilbert Massey

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Oct 20, 1912 (Month, Day, Year)

FATHER

9. Full name Richard Massey

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race White 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Wellington Kansas.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Present, 19.....

17. Total time (years) spent in this work 25 yrs

MOTHER

18. Full maiden name Clara Myrtle De Witt

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Near Wathema Doniphan Co, Kans.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living Two (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) MAR 28 1941

Mabel F. Elder
Registrar.

(Signed) V. G. Logan, M. D.

or ....., Midwife

Address American Falls, Idaho

Filed ....., 193.....

Registrar.

4/14/41 L. B.

412 - 120-039 - 456

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Clara Myrtle Massey being first duly sworn says that she is the mother (Relationship of child)* of Harold Gilbert Massey born October 20th, 1912 (Date of birth) at near Rockland, Power County, Idaho, whose certificate of birth is hereto attached, and that Mrs. Clara Myrtle Massey desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harold Gilbert Massey hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Logan, M. D., was the ~~[illegible]~~ medical attendant at the birth of said Harold Gilbert Massey and that the said medical attendant ~~[illegible]~~ cannot be located (Now deceased (or) cannot be located)

Name of Affiant Clara Myrtle Massey

P. O. Address 213 Jackson Street, Twin Falls, Idaho

Subscribed and sworn to before me this 27th day of March, 1941

Thomas Pearce
Notary Public.

Residing at Twin Falls, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

962-128-621-549

309736

United States
Department of Commerce
Bureau of the Census

APR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 540

1. PLACE OF BIRTH:
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home of parents
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 31 yrs.
(f) Mother's mailing address Preston, Idaho

3. RESIDENCE of FATHER (city, state): Preston, Ida

4. FULL NAME OF CHILD Hezzie Burns Robinson

5. Date of Birth (Month, day, year) May 28, 1912

6. Sex Male

7. Twin or Triplet either If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Robinson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace American Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Hurd
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 12:15 A. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Robinson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) G. W. States (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature G. W. States M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-126-005-437

United States Department of Commerce
Bureau of Census

RECEIVED APR 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309934
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 129 No. Hayes
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No 129 No. Hayes
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address 129 No. Hayes

3. RESIDENCE of FATHER (city, state) Pocatello Ida.

4. FULL NAME OF CHILD CHARLES HENRY KELLY

5. Date of Birth (Month, day, year) May 26, 1912

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Alfred Kelly
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Prescott, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Bridge Forman
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane McGuire
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Spencerville, Ontario, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related RECEIVED as ..... (Mother, etc.)

26. (a) APR 8 1941 (Date rec'd) (b) Mabel I. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James A. Kelly, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Henry Kelly (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Castle (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James A. Kelly Signature
424 8th Ave. So. Nampa, Ida. P.O. Address

Subscribed and sworn to before me on this 4th day of April 1941

(SEAL) Cecil Ennis Notary Public, residing at Boise Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-203-016493

RECEIVED

APR 14 1941

309979

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309979
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Cassia (b) City Elba
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay BEFORE delivery:
   In Hosp. or Mat. Home ..... days.
   In THIS county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Elba
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 25 yrs.
   (f) Mother's mailing address Albion

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Dorothy Wickel

5. Date of Birth (Month, day, year) Jan 3, 1912

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2d.

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chas E. Wickel

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Elba Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Dell Miller

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Bloomfield, Iowa
(City or town) (State or foreign country)

20. Exact Occupation Teacher (School)

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive or stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. C. E. Wickel (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) C. J. Sater (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** C. J. Sater M.D. (D.O., Midwife, etc.)
and address Albion Date 4/5/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that C. J. Sater (Name of attendant at birth), who attended said birth alive (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

c.c. 4/22/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-110-036-945

309989 309989

United States
Department of Commerce
Bureau of Census

RECEIVED APR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Onieida (b) City Daniels
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. none
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Daniels
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3~~3~~ 5 yrs.
(f) Mother's mailing address Daniels, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Oliver Charles Newhouse
5. Date of Birth (Month, day, year) 9/10/1912
6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Jacob Newhouse	16. FULL MAIDEN NAME Rosa ~~Ruegsegger~~ Ruegsegger
11. Color or Race white 12. Age at time of THIS birth 45 yrs.	17 Color or Race Swiss 18. Age at time of THIS birth 38 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)	19. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation farmer	20. Exact Occupation housewife
15. Industry or Business farming	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:00P M. on the date and at the place stated above, and that personal particulars were furnished by Rosa Newhouse (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Apr. 17, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... and address ..... Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosa Newhouse, being first duly sworn, say that I am related to (Related to (or) acquainted with) Oliver Charles Newhouse (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendants (Name of attendant at birth), ~~who~~ attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Rosa Newhouse Signature
824 1st st. Rupert, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of April, 1941

(SEAL) H A Boyer ~~Notary Public, residing at~~ Rupert, Ida.
Probate Judge.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/21/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-117-044-165 - IVED

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United States
Department of Commerce
Bureau of Census

APR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. W. Park St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 21 years 11 month 21 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state) Weiser, Ida

4. FULL NAME OF CHILD Melvin Harvey Sweet

5. Date of Birth (Month, day, year) Feb. 17, 1912

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Harvey Sweet	16. FULL MAIDEN NAME	Pearl Neomi Jones
11. Color or Race	white	17 Color or Race	white
12. Age at time of THIS birth	28 yrs.	18. Age at time of THIS birth	22 yrs.
13. Birthplace (City or town)	Kansas (State or foreign country)	19. Birthplace (City or town)	LaGrande Oregon (State or foreign country)
14. Exact Occupation	Farming	20. Exact Occupation	Housewife
15. Industry or Business	Farming	21. Industry or Business	Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Mary Jones (First name) (Last name), who is related to this child as Pearl Jones (Mother, etc.)

26. (a) April 17-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Mary Jones (Dr., Midwife, etc.) and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl Neomi Jones Sweet, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Melvin Harvey Sweet (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Jones (Name of attendant at birth), who attended said birth is now living (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Pearl Neomi Jones Sweet Signature

Weiser, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of April, 1941

(SEAL) C. G. Taylor Notary Public, residing at Weiser, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c.c. 4/23/41. wh

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Owyhee (b) City Silver City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Ar Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 5 years 2 month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Silver City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5.2m yrs.
   (f) Mother's mailing address SILVER CITY. IDA.

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** JAMES EDWARD CALDWELL

5. Date of Birth (Month, day, year) 12-7-1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles M Caldwell
11. Color or Race White
12. Age at time of THIS birth 35yrs
13. Birthplace Linclon County. Tenn (City or town) (State or foreign country)
14. Exact Occupation General Merchant
15. Industry or Business Owner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizbeth Playford
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was borb alive (born alive, stillborn) 4 a M. on the date and at the place stated above, and that personal particulars were furnished by Charles M Caldwell (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) April 15-1941 (Date received) (b) Mabel T Feeley (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Oregon } ss.
County of Malheur }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles M Caldwell, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Edward Caldwell (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Skyler (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles M. Caldwell Signature

Nyssa, Oregon. P. O. Address

Subscribed and sworn to before me on this 15th day of April, 19 41

(SEAL)

Notary Public, residing at Nyssa, Oregon.

c.c. 4/24/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311179
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Lewiston
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: St Joseph's Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Lewiston Idaho

4. **FULL NAME OF CHILD** Margaret Mary Philipi

5. Date of Birth (Month, day, year) June 6, 1912

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chester Grant Philipi
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Vancouver (City or town) Washington (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Gerard
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 22, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Chester Philipi, being first duly sworn, say that I am Mother. (Related to (or) acquainted with)
Margaret Mary Philipi (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that L. B. Mattes (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Chester T. Philipi Name
1325-8th Ave Lewiston P. O. Address

Subscribed and sworn to before me on this 21 day of April.

(SEAL) Ruby Thompson Notary Public, residing at .....

EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/25/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311189
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County KOOTENAI (b) City COEUR D ALENE
   (c) Street Address or R.F.D. No. 920 FRONT ST
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ——— days.
   IN **THIS** county 6 years 5 month ——— days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City COEUR D ALENE
   (d) Street Address or R.F.D. No. 920 FRONT ST
   (e) How long has **MOTHER** lived in Idaho? 6 1/2 yrs.
   (f) Mother's mailing address COEUR D ALENE IDAHO

3. **RESIDENCE of FATHER** (city, state) " "

4. **FULL NAME OF CHILD** FREDERICK ALEXANDER AXTELL

5. Date of Birth (Month, day, year) FEB. 4 1912

6. Sex MALE

7. Twin or Triplet ———

If so—born 1st, 2nd, 3rd ———

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRED SILAS AXTELL
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace NEWTON (City or town) IOWA (State or foreign country)
14. Exact Occupation CLERK
15. Industry or Business DRY GOODS

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ALICE LITHERLAND
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace FRIENDSVILLE (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead ——— (d) Stillborn ———

24. I HEREBY CERTIFY That I attended the birth of this child, who was ——— (born alive, stillborn) at ——— M. on the date and at the place stated above, and that personal particulars were furnished by ——— (First name) (Last name), who is related to this child as ——— (Mother, etc.)

26. (a) Apr. 23, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ——— by ——— (Registrar's signature)

25. Attendant's **OWN** signature ——— M.D. (D.O., Midwife, etc.)
and address ——— Date ———

State of Oregon
County of Columbia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ALICE L. AXTELL, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) FREDERICK ALEXANDER AXTELL (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. ALEXANDER HUNTER (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alice L. Axtell Signature

St. Helens Oregon P. O. Address

Subscribed and sworn to before me on this 21 day of April, 1941

(SEAL) Henry G. DeWalt Notary Public, residing at St. Helens, Ore

NOTARY PUBLIC FOR OREGON. My commission expires 27 July 1944

4/29/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in~~ the Bureau of ~~Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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311240

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 520

1. PLACE OF BIRTH (now Caribou)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ___ days.
IN THIS county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? ___ yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Soda Springs

4. FULL NAME OF CHILD HENRY GORTON WOODALL

5. Date of Birth (Month, day, year) Apr, 14, 1912

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME James Franklin Woodall	16. FULL MAIDEN NAME Vella Davis
11. Color or Race White 12. Age at time of THIS birth 30 yrs.	17. Color or Race White 18. Age at time of THIS birth ___ yrs.
13. Birthplace Vista St Claire Co (City or town) Missouri (State or foreign country)	19. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Cafe Operator--Manager	20. Exact Occupation Housewife
15. Industry or Business Same	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by James Franklin Woodall (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) May 6, 1941 (Date received) (b) Dr. Russell Tigert (Registrar's signature)

27. Given name added on ___ by ___ (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (~~D.O., Midwife, etc.~~)
and address Soda Spgs., Ida Date 5-6-41

State of ___ } ss.
County of ___ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ___, being first duly sworn, say that I am ___ (Related to (or) acquainted with) ___ (Name of person on certificate above) as ___ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ___ (Name of attendant at birth), who attended said birth ___ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

___ Signature

___ P. O. Address

Subscribed and sworn to before me on this ___ day of ___, 19___

(SEAL) ___ Notary Public, residing at ___

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 7 1974

5/8/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

HOLD SEE 1912-5090

DELAYED

367 122 037-962

3/12 48 311248

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311248
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Owyhee (b) City Murphy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owhyee
(c) City Murphy
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Joseph Samuel Cox

5. Date of Birth (Month, day, year) Dec. 22, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry P. Cox
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace New Castle (City or town) England (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Robinson
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Coleville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 9, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Robinson Cox, being first duly sworn, say that I am related to (Related to (or) acquainted with) Joseph Samuel Cox (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mowbray (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

anna Robinson Cox Signature

1502 North 7th Street, Boise P. O. Address

Subscribed and sworn to before me on this 8 day of May, 1941

(SEAL) Edith N. Church Notary Public, residing at Boise, Idaho

5/9/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764 103 010 339

311372

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

APR 26 1941

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonneville (b) City Lincoln
(c) Street Address or R.F.D. No. 1 Idaho Falls Idaho
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days.
IN **THIS** county 7 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** MYRTHIN. DON. GOUGH

5. Date of Birth (Month, day, year) OCT. 3rd 1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** RICHARD. GOUGH

11. Color or Race WHITE

12. Age at time of THIS birth 31 yrs.

13. Birthplace LEHI UTAH (City or town) (State or foreign country)

14. Exact Occupation GENERAL. FORMAN

15. Industry or Business UTAH. IDAHO. SUGAR. CO

MOTHER OF CHILD

16. **FULL MAIDEN NAME** PEARL. HARRIET. CLIFT

17. Color or Race WHITE

18. Age at time of THIS birth 28 yrs.

19. Birthplace MIDWAY UTAH (City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGYROL

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 26, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Victor Austin, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with)
Myrthin Don Gough (Name of person on certificate above) as acquaintance all his life (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T. C. Wilson (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Victor Austin
Signature

Idaho Falls, Idaho
P. O. Address

Subscribed and sworn to before me on this 25th day of April, 19 41

(SEAL)

Notary Public, residing at Idaho Falls, Id

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 29 1968

5/5/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-223022-391

United States
Department of Commerce
Bureau of Census

APR 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311374
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City ST Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Edith Elizabeth Roseborough
5. Date of Birth (Month, day, year) 11/23/1912
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Delbert Samuel Roseborough	16. FULL MAIDEN NAME Susan Alaice Crabb
11. Color or Race White 12. Age at time of THIS birth 23 yrs.	17 Color or Race white 18. Age at time of THIS birth 21 yrs.
13. Birthplace Topeka (City or town) Kansas (State or foreign country)	19. Birthplace Heman (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at P M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Susan Roseborough (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Apr 26-1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Ida Bowman M.D. (D.O., Midwife, etc.)
and address St Anthony Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this 25 day of April, 1941

(SEAL) E J Ramsey by K Coffin Notary Public, residing at ST ANTHONY IDA
Clerk of District Court

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/5/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for ~~the purposes and~~ uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Franklin (b) City Mink Creek
(c) Street Address or R.F.D. No. Mink Creek
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 21 days.
IN THIS county 53 years month — days —

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Mink Creek
(d) Street Address or R.F.D. No. Mink Creek
(e) How long has MOTHER lived in Idaho? 53 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Reuben James Christensen

5. Date of Birth (Month, day, year) Aug. 3 1912

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? No

FATHER OF CHILD

10. FULL NAME Carl Christian Christensen

11. Color or Race White

12. Age at time of THIS birth 64 yrs.

13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Marie Christensen

17. Color or Race White

18. Age at time of THIS birth 43 yrs.

19. Birthplace Uahland (City or town) Denmark (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10 (c) Born alive and now dead 2 (d) Stillborn 10

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at Mink Creek M. on the date and at the place stated above, and that personal particulars were furnished by Dora C Jensen (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) Apr. 29, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by Mabel F Elder (Registrar's signature)

25. Attendant's OWN signature Dora C Jensen M.D. (D.O., Midwife, etc.) and address Mink Creek Idaho Date Apr. 26

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/5/41 I. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

DOP OF 1912-7373

263.118.036-133

United States
Department of Commerce
Bureau of Census

APR 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311411
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH now Power
(a) County Oneida, (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho, (b) County Oneida, now Power.
(c) City Rockland.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD RAY ALLEN BOLEY

5. Date of Birth (Month, day, year) Jan. 18, 1912.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME HENRY CHIPMAN BOLEY
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace American Fork, Utah. (City or town) (State or foreign country)
14. Exact Occupation Stockman and Rancher.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EMILY ALLEN
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Calls Fort, Utah. (City or town) (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at about 3 P M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Emily Allen Boley, now Kelly (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) April 26-1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho,
County of Bannock, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emily Allen Boley Kelly, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ray Allen Boley (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emily Lish, midwife, (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emily Allen Boley Kelly Signature
Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me on this 25th day of April, 1941.

(SEAL) [signature] Notary Public, residing at Pocatello, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1946

C.C. 5/5/41. W.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

152-223-028-242

United States Department of Commerce Bureau of the Census

APR 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311412

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. R.F.D No 2
(d) Name of Hospital or Maternity Home: At Home of Parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years 6 month 25 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. RFD no 2
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Coeur d'Alene Idaho R 2

3. **RESIDENCE of FATHER** (city, state): Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Anna Magdalena Jessen

5. Date of Birth (Month, day, year) Sept 23, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jonas Jessen

11. Color or Race White

12. Age at time of THIS birth 55 yrs.

13. Birthplace Leck (City or town) Germany (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susannah Elizabeth Busch

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Malcom (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 30-1941 (Date received) (b) Mabel F Felder (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Johanna Jessen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Anna Magdalena Jessen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Wilhelmina Busch (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Johanna Jessen Signature

RFD #2 Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of March 19 41

(SEAL) [illegible] Notary Public, residing at Coeur d'Alene Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 102-016418 REG. Residence: Albion, Idaho at time of this birth 311435

United States Department of Commerce Bureau of Census

APR 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 32 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City ~~Burley~~ Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ~~33~~ yrs.
   (f) Mother's mailing address ~~Burley~~, Idaho

3. **RESIDENCE of FATHER** (city, state) ~~Burley~~, Ida.

4. **FULL NAME OF CHILD** Max Elton Parker

5. Date of Birth (Month, day, year) Oct. 2, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Grover Parker
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Morgan (City or town) Utah (State or foreign country)
14. Exact Occupation Public School Teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Genetta Isabelle Dayley
17. Color or Race Caucasian
18. Age at time of THIS birth 41 yrs.
19. Birthplace Grantsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr. 30, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** deceased M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, David Grover Parker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Max Elton Parker (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Genette Dayley (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

David Grover Parker Signature

Burley, Idaho. P. O. Address

Subscribed and sworn to before me on this 29 day of April, 19 41

(SEAL) Jessy W. Parker Notary Public, residing at Burley, Idaho

5/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689 227 028-251

Multnomah

United States Department of Commerce
Bureau of Census

MAY 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311446
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home: In private home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month 2½ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Oregon (b) County Multnomah
(c) City Portland
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has MOTHER lived in Idaho? 3 mo 11 yrs.
(f) Mother's mailing address % Hattie Whipple

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Gretchen Evelyn Whipple

5. Date of Birth (Month, day, year) June 27, 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy mine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles I. Whipple
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation contracting
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Susanne Beale
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Emporia, Kansas. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 1-1941 (Date received) (b) Maire T Felber (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of KANSAS
County of STAFFORD } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Nellie Watson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Gretchen Evelyn Whipple (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Nellie Watson Signature

St. John, Kansas. P. O. Address

Subscribed and sworn to before me on this 28th day of April, 19 41

(SEAL) R. V. Hoagland. Notary Public, residing at St. John, Kansas.

My Commission Expires April 20, 1943

c.c. 5/8/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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499-108-028-692 ...ED

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311473
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City McHomestead
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Coeur d'Alene

3. RESIDENCE of FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Glen Edward Dinnis

5. Date of Birth (Month, day, year) March 8. 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis William Dinnis

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Brownsville Nebr. (City or town) (State or foreign country)

14. Exact Occupation Day Labor

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Isadore Wisner

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Ingam Co. Michigan (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not any.

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 3 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 1-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Daisy I. Fenderson, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Glen Edward Dinnis (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Daisy I. Fenderson Signature
South Prairie P. O. Address

Subscribed and sworn to before me on this 25th day of April, 1941

(SEAL) Charles Harlan Notary Public, residing at Buckley

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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c.c. 5/7/41. w.h.

271-114003-542 FILED

United States
Department of Commerce
Bureau of the Census

MAY 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

311665

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D No.....
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county 2 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County BEAR LAKE
(c) City MONTPELIER
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) MONTPELIER IDAHO

4. **FULL NAME OF CHILD** DONALD HUBERT SPAUGY

5. Date of Birth (Month, day, year) 7-14-12

6. Sex. MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM SPAUGY
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace WATERFORD (City or town) PA. (State or foreign country)
14. Exact Occupation BRAKEMAN, O.S.L. R.R.
15. Industry or Business RAILROAD

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARIE NUSSBAUM
17. Color or Race WHITE
18. Age at time of THIS birth 29 years
19. Birthplace BERN (City or town) SWITZERLAND (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at..... M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) May 8-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on..... by..... (Registrar's signature)

25. Attendant's **OWN signature**..... M.D. or..... (D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of SOLANO } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MARIE SPAUGY, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) DONALD HUBERT SPAUGY (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. WOOLEY (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Marie Spaugy Name
FAIRFIELD, CALIFORNIA P. O. Address

Subscribed and sworn to before me on this 1st day of May 1941

(SEAL) Howard L Roloff Notary Public, residing at Fairfield Calif.
NOTARY PUBLIC IN AND FOR THE COUNTY OF SOLANO, STATE OF CALIFORNIA.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1971

c.c. 5/15/41. w.n.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-114-028-293

311677

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City near Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at ranch home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City near Plummer
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address Plummer, Idaho.

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD John Curtis Harwood

5. Date of Birth (Month, day, year) July, 14. 1912.

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Curtis Harwood, Sr.
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace near DesMoines, Iowa (City or town) (State or foreign country)
14. Exact Occupation homesteader
15. Industry or Business timbering & farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Billups
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Memphis, Missouri. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ??
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as his mother (Mother, etc.)

26. (a) MAY 9 1941 (Date received) (b) Maud I. Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. J.C. Harwood, being first duly sworn, say that I am mother (Related to (or) acquainted with) of John Curtis Harwood, Jr. (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wm. Cusick (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs J C Harwood Signature

P. O. Address

Subscribed and sworn to before me on this 10th day of April, 19 41.

(SEAL) ..... Notary Public, residing at Plummer, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1975

c.c. 5/15/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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195-214-028-695

311721

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 12 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1130 N. 6th St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home X days.
IN THIS county 10 years 8 month 25 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1130 N. 6th St
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address 6435 N.E. 26 Ave Portland Ore 1903 N.E. Schuyler

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Margaret Ruth Arndt

5. Date of Birth (Month, day, year) July 14, 1912

6. Sex Female

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Otto Emil Arndt	16. FULL MAIDEN NAME Ruth Anna Wing
11. Color or Race White German 12. Age at time of THIS birth 38 yrs.	17. Color or Race White American 18. Age at time of THIS birth 26 yrs.
13. Birthplace (City or town) Germany (State or foreign country)	19. Birthplace Minneapolis (City or town) Minn (State or foreign country)
14. Exact Occupation Bookkeeper	20. Exact Occupation Housewife
15. Industry or Business Lumber	21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead none (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Arndt Dozier (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) May 12-1941 (Date received) (b) Mabel F. Elefer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature X M.D. (D.O., Midwife, etc.)
and address X Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruth Arndt Dozier, being first duly sworn, say that I am related to (Related to (or) acquainted with) Margaret Ruth Arndt (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. I. M. Busby (Name of attendant at birth), who attended said birth cannot be found (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ruth Arndt Dozier Signature
6435 N.E. 26th Ave, Portland, Oregon O. Address

Subscribed and sworn to before me on this 8th day of May, 1941

(SEAL) S. S. Staats Notary Public, residing at Far Oregon
My Commission expires Sept 25, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/19/41 w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253-124-026-763

311735

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 12 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. at home
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? two yrs.
(f) Mother's mailing address Rigby, Idaho

3. **RESIDENCE of FATHER** (city, state): Rigby, Idaho

4. **FULL NAME OF CHILD** Donald Douglas Kellum

5. Date of Birth (Month, day, year) 24th Sept. 1912

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank D. Kellum
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace West Bend Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie M. Potter
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Livermore Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum now known
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 12 1941 (Date received) (b) Mabel H. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. F. D. Kellum, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Donald Douglas Kellum (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that not known (Name of attendant at birth), who attended said birth not known (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs F. D. Kellum Signature

R 1 Box 9A Kent Wash. P. O. Address

Subscribed and sworn to before me on this 9th day of May 1941

(SEAL) Earl L. Worth Notary Public, residing at Kent Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/19/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-106-014-236

311738

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

MAY 12 1941

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. ~
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ~ days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. ~
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address deceased

3. **RESIDENCE of FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD** Herbert Stanley Herbert Wood

5. Date of Birth (Month, day, year) Apr. 6 - 1912

6. Sex Male

7. Twin or Triplet ~

If so—born 1st, 2nd, 3rd ~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Melvin Wood
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Nebraska City Nebr. (City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business Bakery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Veda Maud Scott
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead ~ (d) Stillborn ~

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 12 1941 (Date received) (b) Mabel H Keller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank M. Wood, being first duly sworn, say that I am related (Related to (or) acquainted with) to Stanley Herbert Wood (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Drs. Gee (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Frank M Wood Signature

R1 Eagle Creek, Oregon P. O. Address

Subscribed and sworn to before me on this 5th day of May 1941

(SEAL) Duard Shelton Notary Public, residing at Estacada, Oregon

My com. expires Nov. 15, 1942

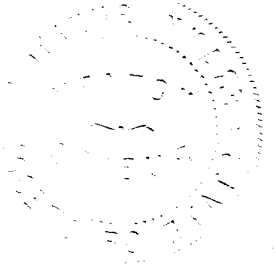
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/19/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



717-120-014-238

311741

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.
   (f) Mother's mailing address (For registration notice):
   Em
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Emmett Ida

4. **FULL NAME OF CHILD** John Sylvester Pape

5. Date of Birth (Month, day, year) 9/20/1912

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Conrad A Pape

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Dyersville (City or Town) Iowa (State or foreign country)

14. Exact Occupation Dairyman

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Regina Mary Schell

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

19. Birthplace Conception Mo. (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitr

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:45 A M. on the date and at the place stated above, and that personal particulars were furnished by Regina M Pape (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) May 15, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
    Mabel F Elder

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Angela Bremner M.D. (D.O., Midwife, etc.)
    Angela Bremner
    and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

JAN 2 6 1966

5/15/41 L. B.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

141-121-039-215

311754

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 19 1941

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Power (b) City Landing P.O.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 3 years 3 month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City Landing Post Office
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address Landing Post Office

3. **RESIDENCE of FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Walter Earl Adams

5. Date of Birth (Month, day, year) 9/21/ 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnancy 9 Mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alanson R. Adams
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Greenville (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Kane
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace MeCosta Co. (City or town) Michigan (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 19 1941 (Date received) (b) Mabel Keefer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature Mrs C M Confer. midwife M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Oregon
County of Deschutes } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alanson R. Adams, being first duly sworn, say that I am ~~Father~~ Related to (Related to (or) acquainted with) Walter Earl Adams (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. C. M. Confer (Name of attendant at birth), who attended said birth sick in hospital (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alanson R. Adams Signature

Rt. # 1 Box 238, Bend, Oregon. P. O. Address

Subscribed and sworn to before me on this 17th day of May, 1941

(SEAL) J J Arnold Notary Public, residing at Bend, Oregon.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES AUG. 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/65-123-037-255

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
MAY 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311765
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 9 days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Hot Springs

3. RESIDENCE of FATHER (city, state) Hot Springs

4. FULL NAME OF CHILD Fidel Monasterio

5. Date of Birth (Month, day, year) March 23, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Damaso Monasterio
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Ybarranguelua (City or town) Spain (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business Livestock farm business

MOTHER OF CHILD

16. FULL MAIDEN NAME Segunda Bengoechea
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ybarranguelua (City or town) Spain (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Dominica Monasterio (First name) (Last name), who is related to this child as Aunt and midwife (Mother, etc.)

25. Attendant's OWN signature X Dominica Monasterio M.D. (Midwife, etc.) and address Mtn. Home Ida Date 5-6-41

26. (a) 5-6-41 (Date received) (b) A. J. Anderson by (Registrar's signature) Deputy

27. Given name added on by (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/20/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-226-028-45

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311819
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County ~~Benewah~~ Kootenai (b) City SANTA
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county 26 years 7 months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State IDAHO (b) County ~~Benewah~~ Kootenai
(c) City SANTA
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address SANTA, IDAHO

3. RESIDENCE OF FATHER (city, state) SANTA, IDAHO

4. FULL NAME OF CHILD NORMA PRESCITTA RENFRO
5. Date of Birth (Month, day, year) FEB. 26, 1912
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME STEPHEN EDWARD RENFRO
11. Color or Race WHITE
12. Age at time of THIS birth 47 yrs.
13. Birthplace BROWN Co. (City or town) Illinois (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME DAISY EDDIE DAVIS
17. Color or Race WHITE
18. Age at time of THIS birth 39 years
19. Birthplace VERNON Co (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
(c) Born alive and now dead 8 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 15 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Daisy E. Renfro, being first duly sworn, say that I am related to (Related to (or) acquainted with) Norma Renfro (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Renfro (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Daisy E Renfro Name
Parkdale Oregon P. O. Address

Subscribed and sworn to before me on this 14 day of May 1941.

(SEAL) Andrew L. Boz Notary Public Residing
Parkdale Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-130 035 493

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311825
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Nez Perce (b) City Webb
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. none
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Webb
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address Webb, Idaho

3. **RESIDENCE of FATHER** (city, state) Webb, Idaho

4. **FULL NAME OF CHILD** George Thomas Holliday

5. Date of Birth (Month, day, year) April 30 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Thomas Holliday
11. Color or Race white
12. Age at time of THIS birth 54 yrs.
13. Birthplace Pike Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming for
15. Industry or Business self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Selitha Elizabeth Miles
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Berry Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8.00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Foster (First name) (Last name), who is related to this child as elder sister (Mother, etc.)

26. (a) May 15-1941 (Date received) (b) Mabel H Fletcher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Foster M.D. (D.O., Midwife, etc.)
and address Addy, Wash Date 5-12-41

State of Washington } ss.
County of Stevens }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Foster, being first duly sworn, say that I am related to George Thomas Holliday (Related to (or) acquainted with) (Name of person on certificate above) as elder sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nancy King (Name of attendant at birth), who attended said birth as midwife is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

That I was present at said birth George Thomas Holliday
Nellie Foster Signature
Addy, Wash P. O. Address

Subscribed and sworn to before me on this 12th day of May 1941

(SEAL) John T Kaptes Notary Public, residing at Colville

JUN 2 6 1969

C.C. 5/23/41. W.L.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-22-028-863

313004

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 22 1941

State File No.
Local Reg. No. 186
Reg. Dist. No. 121

1. PLACE OF BIRTH
(a) County Kootenai (b) City Harrison'
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State ~~Harrison~~ Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. ---
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Harrison, Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Blanche Lucile Tucker

5. Date of Birth (Month, day, year) 3/27/1912

6. Sex F

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1 st

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Kerry Tucker

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Mo. (City or town) (State or foreign country)

14. Exact Occupation Logger

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Lucinda Hollingsworth

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 5-21-1941 (Date received) (b) H. Clewcombe, M.D. (Registrar's signature)

27. ~~Given name added on~~ ..... by Fay P. Thomas Deputy (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mattie Tucker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Blanche Lucile Tucker (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Martha Hollingsworth (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mattie Tucker Signature

720 Indiana, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of May, 1941

(SEAL) Jas. A. Foster Clerk of the District Court Notary Public, residing at By Jas. C. White Deputy

Ex Officio Auditor and Recorder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356 ID 028667

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

313008

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Hayden Lake
(c) Street Address or R F D No.....
(d) Name of ~~Hospital~~ or ~~Maternity~~ Home:
.....
(e) Mother's stay **BEFORE** delivery:
~~In Hosp.~~ or ~~Mat.~~ Home.....days.
In **THIS** county.....years 9 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Washington (b) County Spokane
(c) City Spokane
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 9 mo ~~yrs.~~
(f) Mother's mailing address Hayden Lake Idaho

3. **RESIDENCE OF FATHER** (city, state) Hayden Lake Ida

4. **FULL NAME OF CHILD** Arthur LeRoy Lewis

5. Date of Birth (Month, day, year) Jan 18, 1912

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Thomas Morgan Lewis	16. **FULL MAIDEN NAME** Daisy Irene Fox
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 28 yrs.	18. Age at time of THIS birth 24 years
13. Birthplace Cardiff (City or town) Wales (~~State or~~ foreign country)	19. Birthplace Cincinnati (City or town) Ohio (State or ~~foreign country~~)
14. Exact Occupation Miner	20. Exact Occupation house wife
15. Industry or Business Grocery Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Live (born alive, stillborn) at 2 P. M. on the date and at the place stated above and that personal particulars were furnished by Dr. D. H. Lewis (First name) (Last name), who is related to this child as Uncle (Mother, etc.)

25. Attendant's **OWN signature** D. H. Lewis M.D. or (D.O., Midwife, etc.)
and address Spokane Wash Date Sept 14/42

26. (a) MAY 21 1942 (Date received) (b) Mabel M Keefer (Registrar's signature)

27. Given name added on.....by.....
(Registrar's signature)

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....
(Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C.C. 5/21/41. W.L.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

954-118-039-863

RECEIVED

MAY 22 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

313019

1. PLACE OF BIRTH

County of Power

City of Landing

No. Idaho St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Herman Emil Reiman

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? No | 8. Date of birth Feb 18, ~~193~~ 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name August Reiman	18. Full maiden name Emma Hochbaum
10. Residence (usual place of abode) (If non-resident, give place and State) Banks	19. Residence (usual place of abode) (If non-resident, give place and State) Banks Idaho
11. Color or race white | 12. Age at last birthday 22 (years)	20. Color or race white | 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Parkston S.D.	22. Birthplace (city or place) (State or Country) West Brook Minn.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry ~~or business in~~ which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
One (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed May 22, 1941 Mabel F Eeder
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

May 29, 1941 L. B.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....being first duly sworn says that

..... is the Father & Mother of Herman Emil Reiman
(Relationship of child)*

born Feb 18 1912 at Landing, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Emma Reiman desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Herman Emil Reiman, born Feb. 18, 1912

.....hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no physician in attendance M. D. was the Midwife medical attendant at the birth of said Herman Emil Reiman and that ~~the said medical attendant is~~ and the midwife in attendance is now deceased
(Now deceased (or) cannot be located)

Name of Affiant August Reiman

P. O. Address Meridian, Idaho

Subscribed and sworn to before me this 18th day of October, 1937, 19..

Reed Lyle
Notary Public.

Residing at Boise, Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

437-22 6-014-647

313075

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Middleton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Middleton
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.
   (f) Mother's mailing address (For registration notice): 1 Middleton
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Middleton

4. **FULL NAME OF CHILD** Edna Enid McGrath

5. Date of Birth (Month, day, year) May 26-1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Oscar McGrath

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace Ohio
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Josephine Hughes

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Idaho
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 9 A M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN signature** C U Hall M.D. (D.O., Midwife, etc.)
and address ..... Date .....

26. (a) May 24-1941 (Date received) (b) Mabel F Eelder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

MAY 1

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

366-120-003-249

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313084
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Grace, Idaho

3. RESIDENCE of FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Woodrow Burton Lowe

5. Date of Birth (Month, day, year) June 20, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Mathias H. Lowe	16. FULL MAIDEN NAME Janet Burton Lowe
11. Color or Race white	17 Color or Race white
12. Age at time of THIS birth 30 yrs.	18. Age at time of THIS birth 23 yrs.
13. Birthplace Franklin (City or town), Idaho (State or foreign country)	19. Birthplace Kaysville (City or town), Utah (State or foreign country)
14. Exact Occupation Carpenter	20. Exact Occupation Housewife
15. Industry or Business Farming	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Burton (First name) (Last name), who is related to this child as Grand Mother (Mother, etc.)

26. (a) MAY 26 1941 (Date received) (b) Mabel T. Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Burton, being first duly sworn, say that I am related (Related to (or) acquainted with) Woodrow Burton Lowe (Name of person on certificate above) as Grand Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Hubbard M.D. (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Mary Burton Signature

Grace, Idaho. P. O. Address

Subscribed and sw[illegible] to before me on this 26 day of May, 1941

(SEAL) Moravi H Lowe Notary Public, residing at Grace Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3 18-1221030754

United States
Department of Commerce
Bureau of Census

RECEIVED
MAY 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313098
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 6 month 12 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.
(f) Mother's mailing address P.O. Bx. 46

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Robert William Carnes
5. Date of Birth (Month, day, year) 2/27/12
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Patton Carnes
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Palmira Neb. (City or town) (State or foreign country)
14. Exact Occupation D.D.S.
15. Industry or Business Dentistry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Pemble.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wapello Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Aqua
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 3 40 A M. on the date and at the place stated above, and that personal particulars were furnished by Gladys Carnes (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Charles F. Hammer M.D. (D.O., Midwife, etc.)
and address Salmon Date 5/27/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-216-008-464

313123

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Boise (b) City Pioneerville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Pioneerville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Marguerite Ponàia

5. Date of Birth (Month, day, year) Feb. 16, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carlo Ponàia
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Moriggia Domenica
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 31, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Domenica Poncia, being first duly sworn, say that I am related to (Related to (or) acquainted with) as mother (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Carlo Poncia (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Domenica Ponzia Signature
1130 East Bannock, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of May 1941.

(SEAL) Myrna L. Breuer Notary Public, residing at Boise

NOV 19 1971

FEB 23 1943

APR 8 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-127.001-689

313246

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

313246

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Salvation Army Hospital

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Robert Elden Hogan

3. Sex M

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? Yes

8. Date of birth 9-27-, 1935 (Month, Day, Year)

FATHER

9. Full name Robert Merle Hogan

10. Residence (usual place of abode) (If non-resident, give place and State) Boise

11. Color or race W. | 12. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or Country) Pocatello Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Beata Marie White

19. Residence (usual place of abode) (If non-resident, give place and State) Boise

20. Color or race W. | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Boise Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. Calloway, M. D.

or ____, ~~Midwife~~

Address Boise Idaho

Give name added from a supplemental report ____

(Date of)

Filed June 6, 1941, 193 Mabel F. Elder Registrar.

Registrar.

Mabel F. Elder

FEB 4 1957

6/6/41 L. B.

FEB 12 1952

964-111-010-251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

313283

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Iona
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home was at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No. Iona
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Curtis Leroy Rounds

5. Date of Birth (Month, day, year) 11 Feb. 1912

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yrs

FATHER OF CHILD

10. **FULL NAME** William Henry Rounds
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Morgan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Louise Beach
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Woodruff (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 3 o'clock a.M. on the date and at the place stated above, and that personal particulars were furnished by Emma L. Rounds (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) June 4 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William H. Rounds, being first duly sworn, say that I am related to (Related to (or) acquainted with) Curtis Leroy Rounds (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Rowberry, Midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William H. Rounds Name
920 Truro Street, Inglewood, California P. O. Address

Subscribed and sworn to before me on this 31st day of March, 1941

(SEAL) Enid James Notary Public, residing at Inglewood, California

My Commission Expires June 10, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 0 1975

MAR 24 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-214 029 258

United States Department of Commerce
Bureau of Census

JUN 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313488
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Deary, Idaho
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 29 years 11 month 5 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Deary, Idaho
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Deary Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Ada Rosabelle Ferguson

5. Date of Birth (Month, day, year) Dec. 14, 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Tilden Ferguson
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace (City or town) West Virginia (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lille Francisca Beyer
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Rochester, Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife (teacher)
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place, stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 10 1941 (Date received) (b) Mabel M. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillian Ferguson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ada Rosabelle Ferguson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rothwell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lillian Ferguson Signature
Deary Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of June 1941

(SEAL) ..... Notary Public, residing at Deary, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/20/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613-115 033 546

United States
Department of Commerce
Bureau of the Census

RECEIVED
JUN 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313510
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D No. Rexburg Ida
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. Rexburg Ida.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address St Anthony Idaho

3. **RESIDENCE OF FATHER** (city, state) St Anthony Ida.

4. **FULL NAME OF CHILD** Clyde Elmo Watson

5. Date of Birth (Month, day, year) Dec 15 1912

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Ira Watson
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Lewiston (City or town) Utah (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ann Eliza Edwards
17. Color or Race
18. Age at time of THIS birth 25 years
19. Birthplace Paragonah (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at Birth M. on the date and at the place stated above, and that personal particulars were furnished by Ann Eliza Watson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) JUN 13 1941 (Date received) (b) (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ann Eliza Watson, being first duly sworn, say that I am related (Related to (or) acquainted with) Clyde Elmo Watson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 239, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that [illegible] (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ann Eliza Watson Name
307 N. 3rd West St Anthony Ida P. O. Address

Subscribed and sworn to before me on this 11 day of October 1940

(SEAL) [illegible] Notary Public, residing at St Anthony Idaho

6/19/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665101-021753

United States Department of Commerce
Bureau of Census

Amended 7-7-87 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JUN 13 1941 STATE OF IDAHO

State File No. 313608
Local Reg. No. 720
Reg. Dist. No. 542

1. **PLACE OF BIRTH**
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Arnold Percy Owen

5. Date of Birth (Month, day, year) Feb 1, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Owen
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Yorkshare England (City or town) (State or foreign country)
14. Exact Occupation Flour Packer
15. Industry or Business Grist Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Decena Peterson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ovid Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia~~ Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 2: A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Matilda Owen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 6-10-41 (Date received) (b) Matilda Owen (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Franklin } ss.

I, Matilda Owen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arnold Owen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Emery (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Matilda Owen Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me on this 7 day of June, 19 41

(SEAL) Ben B Johnson Notary Public, residing at Preston

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

P. C. 6/10/41

APR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 313608

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Arnold Owen	Arnold Percy Owen
Date of birth	Feb 12, 1912	Feb 1, 1912

Subscribed and sworn to before me this 27
day of May, 1942

Notary Public, residing at Preston Ida

My commission expires May 1-1945
(Seal)

Signed Matilda D. P. Owen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of May, 1942

Notary Public, residing at Preston Ida

My commission expires May 1-1945
(Seal)

Signed La Ray Anderson
(Signature of Any Credible Person Other Than Previous Year)

Preston Ida.
(Street Address, City, State)

JUN 1 1942

[redacted]
JUL 13 1965

JUN

Certificate had not been amended at the time the affidavit was received.

Amended 7-7-81

994 215039 231

313609

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Power

City of Rockland

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

313609

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Claudine Esther Zimmerman

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		Yes	Yes	Jan. 15, 1912

FATHER

9. Full name: Claude Cyrus Zimmerman

10. Residence (usual place of abode) (If non-resident, give place and State): Rockland

11. Color or race: White | 12. Age at last birthday: 32 (years)

13. Birthplace (city or place) (State or Country): Eagle Lake, Minnesota

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Barber shop

16. Date (month and year) last engaged in this work: Now, 1912

17. Total time (years) spent in this work: 10 yrs.

MOTHER

18. Full maiden name: Mary Jane Stanger

19. Residence (usual place of abode) (If non-resident, give place and State): Rockland

20. Color or race: White | 21. Age at last birthday: 23 (years)

22. Birthplace (city or place) (State or Country): Rockland, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: Now, 1912

26. Total time (years) spent in this work: 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 4:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

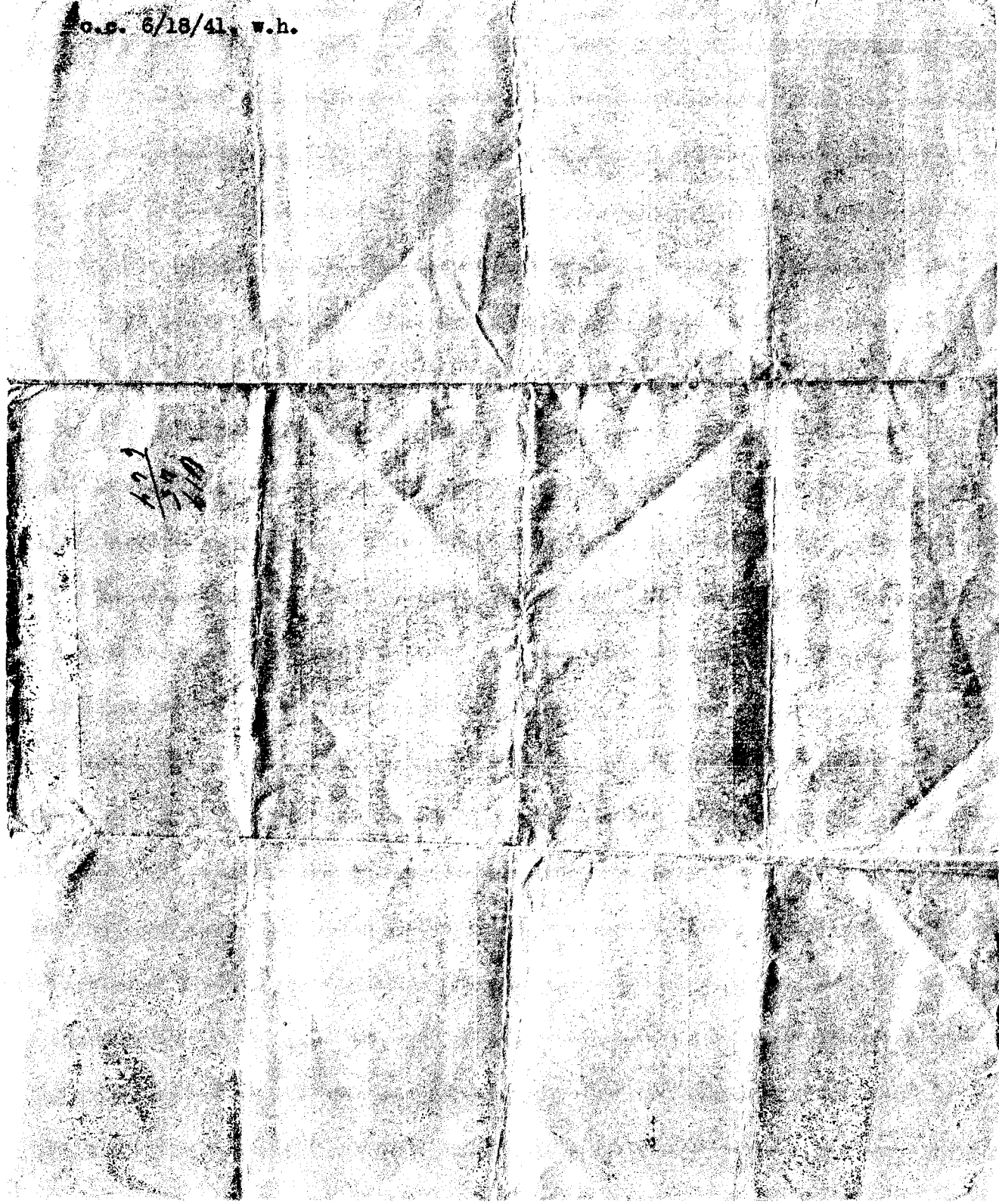
(Signed) W. J. Logan, M. D.

or ....., Midwife

Address Rockland, Idaho

Filed June 18, 1941 Mabel F. Elder Registrar.

Mabel F. Elder



331 126 0144 464

RECEIVED
JUN 18 1941

314924

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 0 days.
   IN **THIS** county 26 years 10 month 21 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.
   (f) Mother's mailing address Emmett, Idaho

3. **RESIDENCE of FATHER** (city, state) Emmett, Ida

4. **FULL NAME OF CHILD** Lester Llewelyn Clopton

5. Date of Birth (Month, day, year) Oct 26, 1912

6. Sex male

7. Twin or Triplet none If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Martin Isaac Clopton
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Jefferson (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business General Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clora Jane Clopton Moulton
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Emmett (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:20 P.M. on the date and at the place stated above, and that personal particulars were furnished by Clora J. Clopton (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

RECEIVED
JUN 18 1941

26. (a) JUN 18 1941 (Date received) (b) Maud M. Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clora J. Clopton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lester Llewelyn Clopton (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. H. Green (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Clora J. Clopton Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of June, 19 41

(SEAL) Margaret Snow, Notary Public, residing at Emmett, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title~~ 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434 107 009 816

315021

United States Department of Commerce
Bureau of Census

JUN 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 611 Forest Ave
(d) Name of Hospital or Maternity Home at home of parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 4 years ? month ? days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 611 Forest Ave.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Sandpoint Idaho

3. **RESIDENCE of FATHER** (city, state) Sandpoint Ida

4. **FULL NAME OF CHILD** Bryan Mansfield McDuffie

5. Date of Birth (Month, day, year) Aug. 7, 1912

6. Sex male

7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Thomas McDuffie
11. Color or Race White
12. Age at time of THIS birth 56 (?) yrs.
13. Birthplace Rushville, Indiana (City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy May Hawkins
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Traverse City, Michigan (City or town) (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2:20 A M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Lucile H. McDuffie (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUN 27 1941 (Date received) (b) Mabel H Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Montana
County of Lewis & Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Lucile H. McDuffie, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bryan Mansfield McDuffie (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. — (name forgotten) (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lucile H. McDuffie Signature
Helena Montana P. O. Address

Subscribed and sworn to before me on this 25 day of June, 1941

(SEAL) A. M. Hall Notary Public, residing at Helena, Mont.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168·231·001·318

315056

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315056
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 131 E. Jefferson
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home —— days.
   In **THIS** county 10 years 6 months 30 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 131 E. Jefferson
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.
   (f) Mother's mailing address (For registration notice): 1101 Franklin St., Boise, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** Meryle Johnston

5. Date of Birth (Month, day, year) July 31, 1912

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 6

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Edward Johnston

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace North Ogden, Utah
(City or Town) (State or foreign country)

14. Exact Occupation Woolgrower

15. Industry or Business Woolgrower

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Louise Taylor

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Blue Creek Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:55 P. M. on the date and at the place stated above, and that personal particulars were furnished by Edith Johnston (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) July 10 -1941 (Date received) (b) Mabel Keeler (Registrar's signature)

25. Attendant's **OWN signature** Fred A. Thomas Jr. M.D. (M.D., Midwife, etc.)
and address 7/10/41 Date Boise Idaho

27. Given name added on ——— by ———
(Registrar's Signature)

7-11-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of NONE

(b) Labor: Complications: NONE

Induced? NO

(c) Was there an operation for delivery? NO

State all operations: NONE

(d) Did baby have any:

(1) Congenital Malformation? NONE

Describe: —

(2) Birth Injury? NONE

Describe:

(3) Was mother given a Wasserman before delivery? NO

(4) Signature of Physician:

Fred A Tilling M.D.

485728 016-493

315059

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315059
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 4 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address deceased1913

3. RESIDENCE of FATHER (city, state) Burley

4. FULL NAME OF CHILD Joseph Ebbert Myers 3rd.

5. Date of Birth (Month, day year) 5/28/12

6. Sex m

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Ebbert Myers 2nd.
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace Qeen City (City or town) Mo. (State or foreign country)
14. Exact Occupation Auctioneer
15. Industry or Business Livestock

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Sousan Miller
17. Color or Race W
18. Age at time of THIS birth 32 yrs
19. Birthplace Qeen City (City or town) Mo. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 a. M. on the date and at the place stated above and that personal particulars were furnished by Joseph E. Myers 2nd. (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature Mrs James Coplin M.D. (D.O., Midwife etc.)
and address Burley, Ida. Date 7/7/41

26. (a) ____ (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ as ____, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-12-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315067
Local Reg. No. 315067
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Elmore (b) City Hammett
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Hammett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Hammett

3. RESIDENCE of FATHER (city, state) Hammett

4. FULL NAME OF CHILD Mary Caroline Schweitzer

5. Date of Birth (Month, day, year) Nov 28-1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank H. Schweitzer
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Trevorton (City or town) Penna (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Miriam Keener
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Missouri (City or town) (Moberly), Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 14-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs. Henry Kwauth ~~M.D.~~ ~~(D.O.)~~, Midwife, ~~etc.~~
and address Hammett Ida Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

545-121-036-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JUL 2 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315309
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:** Oneida
   (a) County Power (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: ----
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 29 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Power
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.
   (f) Mother's mailing address (For registration notice):
   Rockland, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Rockland Idaho

4. **FULL NAME OF CHILD** Gilbert Hunter

5. Date of Birth (Month, day, year) March 21, 1912

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Edward Hunter
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Rockland, Idaho (City or Town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Taysom
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Rockland, Idaho (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol. Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 10:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by James Edward Hunter (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) June 7-1941 (Date received) (b) Mabel T. Edelen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** V. G. Logan M.D. (D.O., Midwife, etc.)
and address American Falls Date 6-24-41

7-14-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

249-102-025-212

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 14 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315387
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Idaho (b) City Orangeville
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county — years 9 month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Orangeville
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 9 No ~~yrs.~~
(f) Mother's mailing address Orangeville, Idaho

3. **RESIDENCE of FATHER** (city, state) Orangeville, Idaho

4. **FULL NAME OF CHILD** Earnest Baker Smith

5. Date of Birth (Month, day, year) June 2, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Newton Smith
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Cherryvale (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Baker
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Bartlesville (City or town) Oklahoma (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 14 1941 (Date received) (b) Mary V Eckler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oklahoma } ss.
County of Washington }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mantie Baker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Earnest B Smith (Name of person on certificate above) as Grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Unknown (Name of attendant at birth), who attended said birth Unknown (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Mantie Baker Signature

Caney, Kansas P. O. Address

Subscribed and sworn to before me on this 9th day of July, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556 125 028 343

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 259
Reg. Dist. No. 120

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Coeur d'Alene
3. RESIDENCE of FATHER (city, state): Coeur d'Alene Idaho

4. FULL NAME OF CHILD Teddy Newton
5. Date of Birth (Month, day, year) Dec. 25, 1912
6. Sex Male
7. Twin or Triplet -- If so—born 1st, 2nd, 3rd ---
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Silas Wesley Newton
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Gillett (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Steamboat Captain
15. Industry or Business Transportation

MOTHER OF CHILD

16. FULL MAIDEN NAME Ollie Jane Culp
17. Color or Race W
18. Age at time of THIS birth 23 yrs.
19. Birthplace Latah, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 8, 1941 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, S. W. Newton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Teddy Newton (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Silas Wesley Newton Signature
Hayden Lake, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of July, 1941

(SEAL) Jas. A. Foster Notary Public, residing at

Clerk of the District Court
Ex-Officio Auditor and Recorder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-116-001-395

[redacted] 56

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 18 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315508
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County (b) City Boise
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home St. Lukes Episcopal Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Boise
(d) Street Address or R.F.D.No. ?
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address 1100 No Dearborn Chicago, Ill.

3. RESIDENCE of FATHER (city, state) Ragan, Neb.

4. FULL NAME OF CHILD John Elmer Barrington Jr.

5. Date of Birth (Month, day year) Nov 16. 1912

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Elmer Barrington
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Smoaland (City or town) Sweden (State or foreign country)
14. Exact Occupation Lutheran minister
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jeannette Marie Lindquist
17. Color or Race white
18. Age at time of THIS birth 20 yrs
19. Birthplace Ludington (City or town) Michigan (State or foreign country)
20. Exact Occupation Dental assistant
21. Industry or Business remarried now Mrs J. Lancaster

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 18 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Oletta K Lindquist, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Elmer Barrington (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Oletta K. Lindquist Signature
432 Manistique Detroit Mich. P. O. Address

Subscribed and sworn to before me on this day of July 1941

(SEAL) Notary Public, residing at Detroit

My Com Ex July 25 1943 Wayne Co Mich

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

659 211 042-

RECEIVED JUL 8 1941

United States 122
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315597
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Files.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Files.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 mos ~~yrs.~~
(f) Mother's mailing address Grangeville Ida.

3. RESIDENCE of FATHER (city, state) Grangeville Ida

4. FULL NAME OF CHILD Edna May Terpstra.
5. Date of Birth (Month, day, year) June 11- 1912
6. Sex 7.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME John Terpstra.
11. Color or Race W
12. Age at time of THIS birth 26 yrs.
13. Birthplace Sioux Co. Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farm.

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Assink.
17. Color or Race W.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Sioux Center Iowa. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was x (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as x (Mother, etc.)

RECEIVED JUL 8 1941

26. (a) x (Date received) (b) Mabel H. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Clara x Van Zante M.D. (D.O., Midwife, etc.)
and address Buhl Ida 24 Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dora Terpstra, being first duly sworn, say that I am Related (Related to (or) acquainted with) Edna May Terpstra (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Clara Van Zante (Name of attendant at birth), who attended said birth resides at Buhl, Idaho (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Dora Terpstra Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 1st. day of July, 1941

(SEAL) H Rothwell Notary Public, residing at Grangeville, Id

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/27/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

697-117-044 299

315641

United States Department of Commerce Bureau of Census

JUL 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D.No. 4429
(e) How long has MOTHER lived in Idaho? 34 yrs.
(f) Mother's mailing address Midvale Idaho

3. RESIDENCE of FATHER (city, state) Midvale Ida.

4. FULL NAME OF CHILD Erasmus William Wiggins

5. Date of Birth (Month, day year) 8-17-1912

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Edward N Wiggins
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Holt Co Missouria (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara D Brittain
17. Color or Race
18. Age at time of THIS birth 31 yrs
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living X
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Midvale M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Clara D Wiggins, who is related to this child as Mother (Mother, etc.) (First name) (Last name)

JUL 22 1941

26. (a) ..... (Date received) (b) Mabel F Eleffer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

living but blind

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edward N. Wiggins, being first duly sworn, say that I am related (Related to (or) acquainted with) Erasmus Wiggins (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ella Stewart (Name of attendant at birth), who attended said birth is blind (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edward N Wiggins Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of July 1941

(SEAL) J. K. Goodnight Notary Public, residing at Midvale Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

695-703 009-412

316777

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

JUL 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Clark's Fork
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years 5 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clark's Fork
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 5 mo. yrs.
(f) Mother's mailing address Clark's Fork, Ida

3. RESIDENCE of FATHER (city, state) Clark's Fork

4. FULL NAME OF CHILD Lawrence Dudley Fink

5. Date of Birth (Month, day year) Feb. 3, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Newton Walker Fink
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Mason County (City or town) Illinois (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Dake
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace Cedar Falls, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 21 1941 (Date received) (b) Marvel H Keller (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Illinois
County of Cook } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Newton Walker Fink, being first duly sworn, say that I am the father (Related to (or) acquainted with)
Lawrence Dudley Fink (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stackhouse (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Newton W Fink Signature

206 S. Leavitt St., Chicago, Illinois P. O. Address

Subscribed and sworn to before me on this 19th day of July, 1941

(SEAL) Ella L Hendee Notary Public, residing at 2216 Madison St Chicago Ill

OCT 9 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

555114006555

316787

United States
Department of Commerce
Bureau of Census

JUL 23 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D.No. 2
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Blackoot

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ralph Clinton Ennor

5. Date of Birth (Month, day year) Aug 14 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Walton Ennor

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Sacramento California (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lorena Walters Ennor

17. Color or Race White

18. Age at time of THIS birth 23 yrs

19. Birthplace Mapleton Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 23-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank Walton Ennor, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ralph Clinton Ennor (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Gommersol (Name of attendant at birth), who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank Walton Ennor Signature

P. O. Address

Subscribed and sworn to before me on this 22nd day of July, 1941

(SEAL) Frederick G. Delano Notary Public, residing at Salem, Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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523 103 029 296

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316796
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No. 412 N. Washington
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 20 years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D.No. 412 N. Wash.
(e) How long has MOTHER lived in Idaho? 49 yrs.
(f) Mother's mailing address As above

3. RESIDENCE of FATHER (city, state) Unknown

4. FULL NAME OF CHILD Lester Ward Estes

5. Date of Birth (Month, day year) Sep.3,1912

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Harvey Estes
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Do not know (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Addie Brown
17. Color or Race White
18. Age at time of THIS birth 40 yrs
19. Birthplace Keokuk County, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 24 1941 (Date received) (b) Mabel H. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma A. Estes, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lester Ward Estes (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Moore (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma A. Estes Signature

Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 22nd day of July, 1941

(SEAL) A. Melgard Notary Public, residing at Moscow, Idaho

OCT 2 8 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

814-103-1826-341

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316828
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Jefferson (b) City Labelle
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home:
   At Mothers Sister's Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 30 days.
   IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho
   (d) Street Address or R.F.D.No. Star Route
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.
   (f) Mother's mailing address Antelope Idaho

3. **RESIDENCE of FATHER** (city, state) Antelope Ida.

4. **FULL NAME OF CHILD** Arvil Earl Haddon

5. Date of Birth (Month, day year) Feb 3, 1912

6. Sex Male

7. ~~Twin or~~ Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Haddon
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Marysville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Rosetta Crappo
17. Color or Race White
18. Age at time of THIS birth 26 yrs
19. Birthplace Bradise Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 9 M. on the date and at the place stated above, and that personal particulars were furnished by John Haddon (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JUL 21 1941 (Date received) (b) Maud Keller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** Amelia Scott Midwife
Sadie Gough Nurse
M.D. (D.O., Midwife, etc.)
and address Labelle Date 2/2/12.

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Haddon, being first duly sworn, say that I am Father of (Related to (or) acquainted with) Arvil Earl Haddon (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Amelia Scott and Sadie Gough (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John Haddon Signature

P. O. Address

Subscribed and sworn to before me on this 19 day of July 1941

(SEAL) C. L. Swenson Notary Public, residing at Preston

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

613-101-009-271

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of BONNER
City of SANDPOINT
No. LARCH AT WASHINGTON St.
(If born in hospital or institution give name.)

JUL 24 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

316901

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD FRANK LAFAYETTE WALLACE

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 3 | 6. ~~Premature~~ Full term YES | 7. Legitimate? YES | 8. Date of birth SEPTEMBER 1 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name WILLIAM WESLEY WALLACE	18. Full maiden name GEORGENIA OLEA SPARHAWK
10. Residence (usual place of abode) (If non-resident, give place and State) SANDPOINT IDAHO	19. Residence (usual place of abode) (If non-resident, give place and State) SANDPOINT IDAHO
11. Color or race WHITE 12. Age at last birthday 45 (years)	20. Color or race WHITE 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) SAGINAW MICHIGAN	22. Birthplace (city or place) (State or Country) SCOTIA NEBRASKA
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LOGGER	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSE WIFE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. LOGGING CAMP	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work 28
25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks

30. Cause of Stillbirth ..... { During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Georgenia Olea Sparhawk Wallace, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
Registrar.

Filed July 24, 1941 Mary H. Fisher
Registrar.

613-10-009-271

JUL 24 1941

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of WASHINGTON } ss.
County of WHATCOM }

MRS. GEORGINA SPARHAWK WALLACE MICKS being first duly sworn says that SHE is the MOTHER (Relationship of child)* of FRANK LAFAYETTE WALLACE born SEPTEMBER 1, 1912 (Date of birth) at SANDPOINT, Idaho, whose certificate of birth is hereto attached, and that MRS. WALLACE MICKS desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said FRANK LAFAYETTE WALLACE hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that DR. PATTERSON, M. D., was the Midwife medical attendant at the birth of said FRANK LAFAYETTE WALLACE and that the said medical attendant is NOW DECEASED (Now deceased (or) cannot be located)

Name of Affiant Georgena Olen Micks

P. O. Address 2104 HOLLY MBOLDT BELLINGHAM WASH

Subscribed and sworn to before me this 23 day of July, 1941

N. G. Crull
Notary Public.

Residing at Bellingham Wash., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS

493-114-033-453

316933

United States
Department of Commerce
Bureau of Census

JUL 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316933
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Salem
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years 9 month 4 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Salem
(d) Street Address or R.F.D.No. 2
(e) How long has MOTHER lived in Idaho? 31 yrs.
(f) Mother's mailing address Weiser Idaho

3. RESIDENCE of FATHER (city, state) Weiser

4. FULL NAME OF CHILD Riley Ellis Dille

5. Date of Birth (Month, day year) Sept 14 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Dille

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Hyrum (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Adell Dille

17. Color or Race White

18. Age at time of THIS birth 32 yrs

19. Birthplace Brigham City (City or town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 31-1941 (Date received) (b) Mabel T Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Adell Dille, being first duly sworn, say that I am ~~Mother~~ Related (Related to (or) acquainted with) Riley Ellis Dille (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Sheppe (Name of attendant at birth), who attended said birth Can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Adell Dille Signature

Weiser Idaho R#3 P. O. Address

Subscribed and sworn to before me on this 30th day of July 1941

(SEAL) T B Lloyd Notary Public, residing at Weiser Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

DUP OF 12-10685

289-125-033-594D

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 30 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317057
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Salem
(c) Street Address or R.F.D.No. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 13 years 7 month 28 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Salem (Prec.)
(d) Street Address or R.F.D.No. #2
(e) How long has MOTHER lived in Idaho? 65 yrs.
(f) Mother's mailing address #2 Rexburg, Ida.

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Ross Shirley

5. Date of Birth (Month, day year) June 25,1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Fredrick Shirley
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Mill Creek, Salt Lake C. Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Frances Virgin
17. Color or Race White
18. Age at time of THIS birth 35 yrs
19. Birthplace St. Charles, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ——
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 11 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) REC'D JUL 30 '41 (Date received) (b) Mary F. Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Virgin Muir, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ross Shirley (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shupe (Name of attendant at birth), who attended said birth is now deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Virgin Muir Signature
Rexburg Idaho P. O. Address

Subscribed and sworn to before me on this 29 day of July, 1941
(SEAL) [signature] Notary Public, residing at Rexburg Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

964-109-042-655

RECEIVED

JUL 30 1941

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317060
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days At own home
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D.No. 1
(e) How long has MOTHER lived in Idaho? one yrs.
(f) Mother's mailing address Twin Falls, Ida

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Willette Jay Round

5. Date of Birth (Month, day year) Jan 9, 1912

6. Sex Male

7. Twin or Trip'let No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Philip Salathiel Round
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Boscobel (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Edith Weese
17. Color or Race White
18. Age at time of THIS birth 35 yrs
19. Birthplace Gentryville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Bornalive (born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Philip (First name) Round (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JUL 30 1941 (Date received) (b) Mabel T. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Imperial } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Philip S. Round, being first duly sworn, say that I am related to (Related to (or) acquainted with) Willette Jay Round (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Morgan (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Philip S. Round Signature

103 Ninth St., Calexico, Cal. P. O. Address

Subscribed and sworn to before me on this 26th day of July, 1941

(SEAL)

Notary Public, residing at Calexico, Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

319-110-037-569
RECEIVED

317160

United States Department of Commerce
Bureau of Census

AUG 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County was Owyhee, now Elmore (b) City King Hill
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee (now Elmore)
(c) City King Hill
(d) Street Address or R.F.D.No 1
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address King Hill, Idaho

3. RESIDENCE of FATHER (city, state) " " "

4. FULL NAME OF CHILD KARL POLLARD CARNAHAN

5. Date of Birth (Month, day year) June 10, 1912.

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Albert Pollard Carnahan
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Boulder, Colorado (City or town) (State or foreign country)
14. Exact Occupation Farmer & Stockman
15. Industry or Business Farming & Stockraising

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Selena Ewing
17. Color or Race White
18. Age at time of THIS birth 37 yrs
19. Birthplace Cadmus, Linn Co., Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] (born alive, stillbo) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Aug 4-1941 (Date received) (b) Mabel V. Eccles (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, CARRIE E. CARNAHAN, being first duly sworn, say that I am related to (Related to (or) acquainted with) KARL POLLARD CARNAHAN (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Charles C. Smith (Name of attendant at birth), who attended said birth is now deceased, (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carrie E. Carnahan Signature
King Hill, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of August, 1941.

(SEAL) Mary B. Edwards Notary Public, residing at Boise, Idaho

My commission expires Nov. 6, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

295-119-019-035

317311

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 317311

AUG 16 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Custer
City of Mackay
No. Home St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Avon Lamar King

3. Sex M

If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth —

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth July 19, 1941 (Month, Day, Year)

FATHER

9. Full name Edgar Bernice King

10. Residence (usual place of abode) (If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Kiowa Co., Kans.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Forest Office

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Civil Service-Forest Office

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work 2 yrs.

MOTHER

18. Full maiden name Olive Britts Flemming

19. Residence (usual place of abode) (If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Ford Co Kans.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Stenog. before marriage

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife only after

25. Date (month and year) last engaged in this work May —, 1941

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

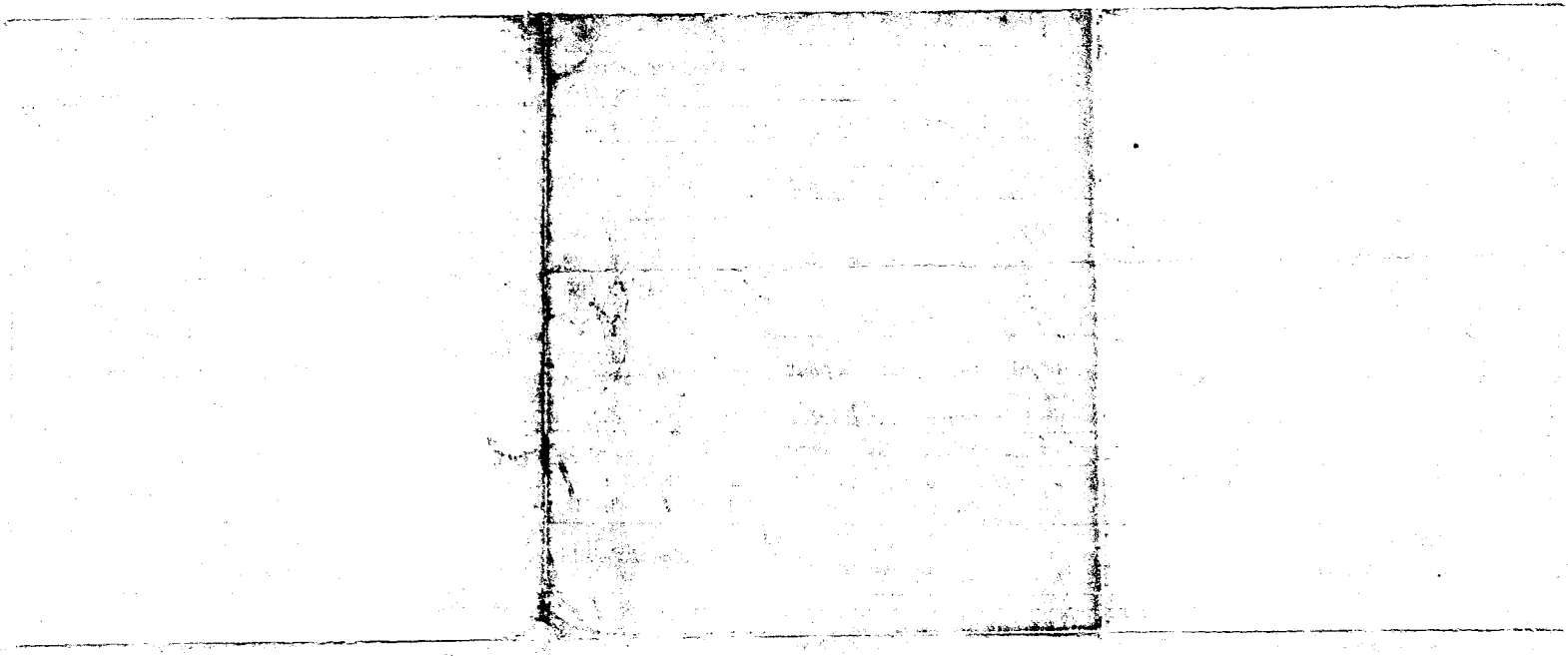
(Signed) J. R. Mason, M. D.

or ____, Midwife

Address ____

Filed AUG 16 1941, 193____

Registrar. Registrar.



331-116-025-619

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317317
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State I (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 55 yrs.
(f) Mother's mailing address Kooskia Idaho

3. RESIDENCE of FATHER (city, state) Kooskia Id

4. FULL NAME OF CHILD Otis Asa Clarke

5. Date of Birth (Month, day year) 2/16/12

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Asa S. Clarke	16. FULL MAIDEN NAME Mabel Clair Farris
11. Color or Race White — 12. Age at time of THIS birth 28 yrs.	17. Color or Race White — 18. Age at time of THIS birth 25 yrs
13. Birthplace Garnet, Kansas (City or town) (State or foreign country)	19. Birthplace Grangeville Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) A M. on the date and at the place stated above, and that personal particulars were furnished by Alice Farris (First name) (Last name), who is related to this child as Grand-Mother (Mother, etc.)

26. (a) AUG 15 1941 (Date received) (b) Mabel F. Clarke (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Alice Farris M.D. (D.O., Midwife, etc.)
and address Kooskia Idaho Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel Farris Clarke, being first duly sworn, say that I am Related (Related to (or) acquainted with) Otis Asa Clarke (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Alice Farris (Name of attendant at birth), who attended said birth signed above (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mabel Farris Clarke Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me on this ..... day of August, 1941

(SEAL) S F Clarke Notary Public, residing at Kooskia Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

295-110-009-319

317389

United States Department of Commerce
Bureau of Census

JUL 28 1941

(Before the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 6 1941

1. **PLACE OF BIRTH**
   (a) County Bonner (b) City Newport
   (c) Street Address or R.F.D.No. Idaho Hill
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. None
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Newport
   (d) Street Address or R.F.D.No. Idaho Hill
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.
   (f) Mother's mailing address 608 Church St. Sandpoint

3. **RESIDENCE of FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Lawrence Wesley King

5. Date of Birth (Month, day year) Feb. 10, 1912

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Tom King
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Mill Write
15. Industry or Business None at time of birth

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Myrtle [redacted]
17. Color or Race White
18. Age at time of THIS birth 41 yrs
19. Birthplace Lincoln (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3. (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Minnie King (First name) (Last name), who is related to this child as Mother and Dr. (Mother, etc.)

26. (a) JUL 28 1941 (Date received) (b) Mabel F. Geller (Registrar's signature)

25. Attendant's **OWN** signature Can't be found M.D. (D.O., Midwife, etc.)

and address ..... Date .....

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Myrtle King, being first duly sworn, say that I am The Mother (Related to (or) acquainted with) Lawrence Wesley King (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Phillips (Name of attendant at birth), who attended said birth Can not be Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Minnie Myrtle King Signature

Sandpoint Idaho 608 Church St. P. O. Address

Subscribed and sworn to before me on this 24th day of July, 1941

(SEAL)

Mell K. Orion Notary Public, residing at Sandpoint Idaho

Commission expires July 19, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

493-105-018-459

United States
Department of Commerce
Bureau of Census

AUG 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317412
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Clearwater (b) City Weippe
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Weippe
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Weippe, Idaho

3. RESIDENCE of FATHER (city, state) Weippe, Idaho

4. FULL NAME OF CHILD John Carson Miles

5. Date of Birth (Month, day year) July 8, 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Carson Miles
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Cowlitz river, Washington (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Francis Dereberry
17. Color or Race white
18. Age at time of THIS birth 44 yrs
19. Birthplace Marshfield Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living six (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Miles (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 12 1941 (Date received) (b) Mabel T. Eeifer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ~~Clarkston, Wash.~~ Date

State of Washington
County of Asotin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Francis Miles, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Carson Miles (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Davidson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah F. Miles Signature
Route 2 box 213 Clarkston Wash. P. O. Address

Subscribed and sworn to before me on this 9th day of August, 1941

(SEAL) [signature] Notary Public, residing at Bellingham

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

315-112-018-619

United States Department of Commerce
Bureau of Census

AUG 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317458
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Clearwater (b) City Teakean
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Teakean
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Juliaetta, Ida.

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Donald Benjamin Candler
5. Date of Birth (Month, day year) Aug. 12 - 1912
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Lloyd Candler
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Mansfield, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME FLORA MAUDE WAITE
17. Color or Race White
18. Age at time of THIS birth 18 yrs
19. Birthplace Dayton, Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9 (c) Born alive and now dead ✓ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 14 1941 (Date received) (b) Mabel H Calder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Flora Maude Candler, being first duly sworn, say that I am Related (Related to (or) acquainted with) Donald Benjamin Candler (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Montgomery (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Flora Maude Candler Signature
Juliaetta, Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of Aug. 1941

(SEAL)

Notary Public, residing at Kendrick

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

845.104.023.845

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 11 1941

State File No. 317487
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D.No. Frozen Dog Ranch
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: Home
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Joseph Read Hunter Jr
5. Date of Birth (Month, day year) Nov 4, 1912
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Read Hunter
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Frankfort (City or town) Illinois (State or foreign country)
14. Exact Occupation Rancher-And Advertising
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bernice Gertrude Hunter
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Toledo (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 11 1941 (Date received) (b) Mabel T. Eeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joseph R Hunter, being first duly sworn, say that I am The father of (Related to (or) acquainted with) Joseph R Hunter Jr. (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. William Smith (Name of attendant at birth), who attended said birth X (Is now deceased (or) cannot be located) and that this birth has not been previously recorded. (?)

Joseph R Hunter Signature
Box 662 Evanston, Ills P. O. Address

Subscribed and sworn to before me on this 7th day of August, 1941
(SEAL) [signature] Notary Public, residing at Chicago Cook County Ills.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

717 105 003-236

317562

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idahock (b) County Bannock
(c) City Soda Springs,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 55 yrs.
(f) Mother's mailing address Soda Springs, Id

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Evan Ellis Gagon

5. Date of Birth (Month, day, year) June 5, 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Gagon
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace (City or town) Illinois USA (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Lumber and Hardware

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Stone
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) Georgia USA (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn --

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Emma Gagon (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 13 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Ellis Kackley M.D. (D.O., Midwife, etc.) and address Soda Springs, Ida Date 8-11-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States Department of Commerce
Bureau of Census AUG 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317574
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Parents residence
(e) Mother's stay BEFORE delivery: None
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 23 yrs.
(f) Mother's mailing address St. Anthony, Idaho

3. RESIDENCE of FATHER (city, state) St. Anthony

4. FULL NAME OF CHILD Leah Walker

5. Date of Birth (Month, day year) Nov. 25-1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Holmes Walker
11. Color or Race White
12. Age at time of THIS birth 24 yrs
13. Birthplace Lewisville, Idaho. (City or town) (State or foreign country)
14. Exact Occupation Accountant
15. Industry or Business St Anthony Bank & Trust Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Hansen
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Teton, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Hazl Hansen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 15 1941 (Date received) (b) Mabel H. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, HAZEL HANSEN WALKER, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) LEAH WALKER (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. West (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hazel Hansen Walker Signature

1070 Pine Ave., Long Beach, Calif. P. O. Address

Subscribed and sworn to before me on this 14th day of Aug., 1941

(SEAL) Dorothy Dalton Notary Public, residing at Long Beach, Cal.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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317578

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 15 1941

1. PLACE OF BIRTH
(a) County Madison (b) City Sugar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Sugar

3. RESIDENCE of FATHER (city, state) Sugar Ida

4. FULL NAME OF CHILD Lynn Kenneth Meyers

5. Date of Birth (Month, day year) July 13-1912

6. Sex Male

7. Twin or Triplet — If so—born, 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Henry Meyers
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Murray (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Hamilton
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Mill Creek (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 15 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary A. H. Meyers, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lynn Kenneth Meyers (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. R. Shupe M.D. (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ann Hamilton Meyers Signature

Sugar Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of August, 1941

(SEAL) J. W. Stoker Notary Public, residing at Sugar Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 30
Reg. Dist. No. 121

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days.
IN **THIS** county 5 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Rural route
(e) How long has **MOTHER** lived in Idaho? 5½ yrs.
(f) Mother's mailing address Rt.#2, C.D.A., Ida

3. RESIDENCE of FATHER (city, state) C.D.A., Ida

4. FULL NAME OF CHILD William Donald Woodruff

5. Date of Birth (Month, day year) Sept. 11, 1912

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herbert Crawford Woodruff

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace United States (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Helga Christine Swanson

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Stillwater, Minnesota (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....at ....M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by .... (First name) (Last name), who is related to this child as .... (Mother, etc.)

26. (a) August 19,1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on .... by .... (Registrar's signature)

25. Attendant's **OWN** signature .... M.D. (D.O., Midwife, etc.)
and address .... Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Helga Woodruff, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Donald Woodruff (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Holbert (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Helga Woodruff Signature
1066 "A" Street, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of August, 1941

(SEAL) Josh Foster Clerk of the District Court
By Elsa M. Zeil, Deputy Notary Public, residing at .... Ex-Officio Auditor and Recorder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 13 1941

1. PLACE OF BIRTH
(a) County Elmore (b) City Mt. Home
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mt. Home
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 31 yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state) Mt. Home Ida.

4. FULL NAME OF CHILD Ivan Dale Spence

5. Date of Birth (Month, day year) Dec. 12, 1912

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederick Verner Spence
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Bismark, North Dakota (City or town) (State or foreign country)
14. Exact Occupation Millworker
15. Industry or Business Lumber Mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna May Byng
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace North Yakima, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Edna May Spence (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 13 1941 (Date received) (b) Maud H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED related to

I, Edna Byng Spence, being first duly sworn, say that I am ..... (Related to (or) acquainted with) Ivan Dale Spence (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. L. Fraser (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edna Byng Spence Signature

Emmett Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of August, 1941

(SEAL) Elsa Salsko Notary Public, residing at Emmett Idaho.

8-22-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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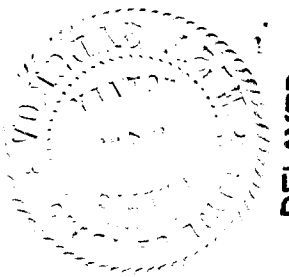

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City Bancroft.
   (c) Street Address or R.F.D.No. P.O. Box 41.
   (d) ~~Name of~~ Hospital or Maternity Home:
   Born at parents' home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 2 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock.
   (c) City
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address Box 41 Bancroft Ida

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Carson Allen Bodily.

5. Date of Birth (Month, day year) 3-10-1912.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Frank E. Bodily.
11. Color or Race Caucasian
12. Age at time of THIS birth 31 yrs.
13. Birthplace Fairview (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Allen
17. Color or Race Caucasian
18. Age at time of THIS birth 25 yrs
19. Birthplace Love (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
    (c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sept 3-1941 (Date received) (b) Mabel I Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank E. Bodily, being first duly sworn, say that I am ~~Father~~ related to (Related to (or) acquainted with) Carson Allen Bodily (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Alice Aston (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Frank E. Bodily Signature

Route 3 Boise Idaho P. O. Address

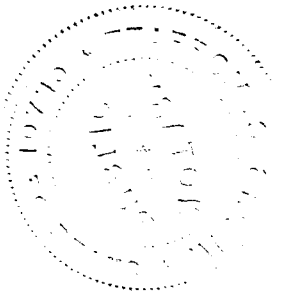
Subscribed and sworn to before me on this 28 day of August, 1941

(SEAL) Nellie Clifford Notary Public, residing at Boise Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



DELAYED DUP OF 1912 - 4435

693 12 1014-719

#318868

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

AUG 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318868
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** now Sem
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.
   (f) Mother's mailing address (For registration notice): Emmett Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Francis James Wilson

5. Date of Birth (Month, day, year) 2-24-12

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Lemual Wilson

11. Color or Race white

12. Age at time of THIS birth 44 yrs.

13. Birthplace Walla Walla (City or Town) Wash (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Margaret Park

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Colby (City or Town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum agnos ad.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead / (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 a, M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Wilson (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 29 1941 (Date received) (b) Mabel H Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Burton J Clark M.D. (D.O., Midwife, etc.)
and address Veterans adm. Boise Ida Date 8-28-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

Dup of 1912-43495

854 210005-319

318935

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 25 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Benewah (b) City Plummer
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Plummer, Idaho

3. RESIDENCE of FATHER (city, state) Plummer, Ida

4. FULL NAME OF CHILD Hilma Dorothea Hedstrom

5. Date of Birth (Month, day year) April 10, 1912

6. Sex Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Emil Rudolf Hedstrom
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilma Carlson
17. Color or Race White
18. Age at time of THIS birth 34 yrs
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 1 ✓ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 25 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emil Rudolph Hedstrom, being first duly sworn, say that I am Father (Related to ~~(or) acquainted with~~) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth) ✓, who attended said birth ..... (~~Is now deceased (or)~~ cannot be located) and that this birth has not been previously recorded.

Emil Rudolf Hedstrom Signature
E 1502 Malcolm av P. O. Address

Subscribed and sworn to before me on this 27th day of August 1941

(SEAL) Alex Allardyce Notary Public, residing at Spokane Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

625-201028-243

318983

United States
Department of Commerce
Bureau of Census

AUG 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City CouerD'Alene
(c) Street Address or R.F.D.No. Park Drive
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home -- days.
IN THIS county 4 years -- month -- days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cour D Alene
(d) Street Address or R.F.D.No. Park Drive
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Diceased

3. RESIDENCE of FATHER (city, state) Missoula, Mont

4. FULL NAME OF CHILD Edith Rowena Oberg

5. Date of Birth (Month, day year) May 1, 1912

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Anderson Oberg
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Aspenge, Sweden (City or town) (State or foreign country)
14. Exact Occupation Lumber Mill employee
15. Industry or Business Lumber Mill.

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Jean Kutch
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Farmington, Washington. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Andrew A. Oberg (First name) (Last name), who is related to this child as Father. (Mother, etc.)

26. (a) AUG 21 1941 (Date received) (b) Mabel F. Eeifer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Wyoming
County of Sheridan } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Andrew Anderson Oberg, being first duly sworn, say that I am Father (Related to (or) acquainted with) Edith Rowena Oberg (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Andrew Anderson Oberg Signature
415 West Main St Missoula Montana

Subscribed and sworn to before me on this 1st day of August, 1941

(SEAL) Eff Sharp Notary Public, residing at Sheridan, Wyo.

My Commission Expires August 21, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

289 226022815

United States
Department of Commerce
Bureau of the Census

AUG 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 318998
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Chapin
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 21 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City Chapin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Victor, Idaho
3. **RESIDENCE OF FATHER** (city, state) Chapin, Ida.

4. **FULL NAME OF CHILD** Vernita Mae Byrne
5. Date of Birth (Month, day, year) Feb. 26, 1912
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Michael Byrne
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Amanda Hansen
17. Color or Race white
18. Age at time of THIS birth 37 years
19. Birthplace Hyrum, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 21 1941 (Date received) (b) Mabel H Edler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Teton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie Byrne, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vernita Byrne (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ora D. Keith, M.D. (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hattie Byrne ..... Name
DRIGGS - IDAHO ..... P. O. Address

Subscribed and sworn to before me on this 18 day of August - 1941

(SEAL) M. C. Strong ..... Notary Public, residing at Driggs, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

996 115002 331

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
AUG 25 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319046
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Adams (b) City New Meadows
(c) Street Address or R.F.D.No. R.F. D.
(d) Name of Hospital or Maternity Home: None, Born in home of parents
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 0 days. IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City New Meadows
(d) Street Address or R.F.D.No. RFD
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address New Meadows, Ida.

3. RESIDENCE of FATHER (city, state) New Meadows, Idaho

4. FULL NAME OF CHILD Clifford Mark Irwin

5. Date of Birth (Month, day year) July 15, 1912

6. Sex male 7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Noah C. Irwin
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Walla Walla, Washington (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen May Clark
17. Color or Race White 18. Age at time of THIS birth 31 yrs
19. Birthplace Uniontown, Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Aug 29-1941 (Date received) (b) Mary E Keller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Noah C. Irwin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clifford Mark Irwin (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a Mrs. Shelledy (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Noah C. Irwin Signature
227 Fourth St., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of August, 19 41

(SEAL)

Notary Public, residing at Pullman

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1-27-41

JUN 25 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

996-115-002-331

319047

United States Department of Commerce Bureau of Census

AUG 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
   (a) County Adams (b) City New Meadows
   (c) Street Address or R.F.D.No. R. F. D.
   (d) Name of Hospital or Maternity Home: Born in home of parents
   (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home None days. IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City New Meadows
   (d) Street Address or R.F.D.No. R.F.D.
   (e) How long has MOTHER lived in Idaho? 24 yrs.
   (f) Mother's mailing address New Meadows, Ida.

3. RESIDENCE of FATHER (city, state) New Meadows, Ida.

4. FULL NAME OF CHILD Claude Karl Irwin

5. Date of Birth (Month, day year) July 15, 1912

6. Sex male

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Noah C. Irwin
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Walla Walla, Washington (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen May Clark
17. Color or Race white
18. Age at time of THIS birth 31 yrs
19. Birthplace Uniontown, Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

26. (a) Aug 25-1941 (Date received) (b) Mabel H Keefer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Noah C. Irwin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Claude Karl Irwin (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a Mrs. Shelledy (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

N. Noah C. Irwin Signature

227 Fourth St., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of August, 1941.

(SEAL) Notary Public, residing at Pullman

1-24-41

OCT 20 1955

FEB 13 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

855-207044-855

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319145
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Weiser Idaho

3. RESIDENCE of FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Minnie Ella Henderson

5. Date of Birth (Month, day year) Aug 7 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Alexander Henderson

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Cadiz (City or town) Ohio (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucretia Torrence Henderson

17. Color or Race White

18. Age at time of THIS birth 31 yrs

19. Birthplace Rankin (City or town) Illinois (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

AUG 6 1941

26. (a) ..... (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucretia T. Henderson being first duly sworn, say that I am related to (Related to (or) acquainted with) Minnie Ella Henderson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Lucretia T. Henderson Signature

P. O. Address

Subscribed and sworn to before me on this 6th day of Aug, 1941

(SEAL) Florence LaDalle Notary Public, residing at Boise Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 14 1974
MAR 03 2011

MAY 27 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Young

315-125025-294

319194

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP - 4 1941

1. **PLACE OF BIRTH**
   (a) County Idaho (b) City Kooskia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kooskia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.
   (f) Mother's mailing address Kooskia - Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Cyrus Harold Lanway

5. Date of Birth (Month, day, year) May 25th 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Lewis Lanway
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace So. Arm (City or town) Mich (State or foreign country)
14. Exact Occupation Saw. Mill.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Kidder
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Mercyville (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP - 4 1941 (Date received) (b) Mavel H Kelley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon } ss.
County of Coos }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Lewis Lanway, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Cyrus Harold Lanway (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Sanford (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George Lewis Lanway Signature

Rte #1 Marshfield - Ore P. O. Address

Subscribed and sworn to before me on this 30th day of August, 1941

(SEAL) V. M. Livingston Notary Public, residing at Marshfield - Ore

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-119 009 799

United States
Department of Commerce
Bureau of Census

SEP - 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319288
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. None
IN **THIS** county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Route 1, Yakima

3. RESIDENCE of FATHER (city, state) Elma, Wash.

4. FULL NAME OF CHILD Ernest Lewis Wilson

5. Date of Birth (Month, day year) June 19 1912

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Ernest Wilson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Port Huron, Michigan (City or town) (State or foreign country)
14. Exact Occupation Stenographer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie May Griffin
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Stuart, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Maggie May Wilson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Maggie May Wilson

26. (a) SEP - 3 1941 (Date received) (b) Mabel Felder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maggie May Wilson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ernest Lewis Wilson (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Anderson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maggie May Wilson, Signature
Route 1, Yakima, Wash. P. O. Address

Subscribed and sworn to before me on this 29th day of August, 1941
(SEAL) [signature] Notary Public, residing at Yakima, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

623-120 016-599 # 319301

319301

United States Department of Commerce Bureau of Census

SEP 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. Island Idaho
(d) Name of Hospital or Maternity Home: At Ranch
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
IN **THIS** county 1 years May month 20 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Eden
(d) Street Address or R.F.D. No. Eden
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Eden

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Gowrd Aberhart Oklebeny

5. Date of Birth (Month, day year) May 20, 1912

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Martin Lorenzo Oklebeny
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Christina Erikson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Sweeden (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 11 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Martin L Oklebeny, being first duly sworn, say that I am related to (Related to (or) acquainted with) Gowrd Aberhart Oklebeny (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Sara Oates (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martin Lorenzo Oklebeny Signature
Eden, Jerome County, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of September 1941
(SEAL) Robert M Kerr Jr Notary Public, residing at Roxbury, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-104 028-559

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 25 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319375
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 45 yrs.
(f) Mother's mailing address Harrison, Idaho

3. RESIDENCE of FATHER (city, state) Harrison, Ida

4. FULL NAME OF CHILD John Otto Sala

5. Date of Birth (Month, day, year) Oct. 4/1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Mathew Sala
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Borca (City or town) Italy (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive ~~Sala~~ Veritoni
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Borca (City or town) Italy (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 10 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs Lucia D'Andrea M.D. (D.O., Midwife, etc.)
and address Harrison Idaho Date 8/23/41

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mathew Sala, being first duly sworn, say that I am related (Related to (or) acquainted with) John Otto Sala (Name of person on certificate above) as his Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lucia D'Andrea (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mathew Sala Signature
Harrison, Idaho P. O. Address

Subscribed and sworn to before me on this 23 day of August, 1941

(SEAL) M. A. Kiger Notary Public, residing at Harrison, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

747127 028 451

United States
Department of Commerce
Bureau of Census

SEP 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319385
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Coeur d'Alene

4. FULL NAME OF CHILD Edward Hamilton Guptill
5. Date of Birth (Month, day year) May 27, 1912
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? ✓

FATHER OF CHILD
10. **FULL NAME** William Parker Guptill
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Elizabeth Dickinson Deane
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Wardner, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 10 1941 (Date received) (b) Maud F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Elizabeth D. Van Diggelen being first duly sworn, say that I am Related (Related to (or) acquainted with) Edward Hamilton Guptill (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hunter (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elizabeth D. Van Diggelen Signature
Chattaroy, Wash. P. O. Address

Subscribed and sworn to before me on this 9th day of September, 1941
(SEAL) J. H. Rice Notary Public, residing at Deer Park

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

FEB 17 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

514 101 028-715

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
SEP 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319408
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D.No. Post Office Box
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years 2 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Post office Box

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Arthur LeRoy Vaughn

5. Date of Birth (Month, day year) Sept. 1st 1912

6. Sex Male

7. Twin or Triplet

If so born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Lafayette Vaughn
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Quincy Illinois (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecil Beatrice Gano
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Council Bluffs Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 11 1941 (Date received) (b) Maud H. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cecil Beatrice Vaughn, being first duly sworn, say that I am Related (Related to (or) acquainted with) Arthur LeRoy Vaughn (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Weng (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cecil Beatrice Vaughn Signature
2307-E½ Paseo Alhambra Calif. P. O. Address

Subscribed and sworn to before me on this 9th day of September, 1941

(SEAL)

Marguerite Stacy Notary Public, residing at Alhambra, California

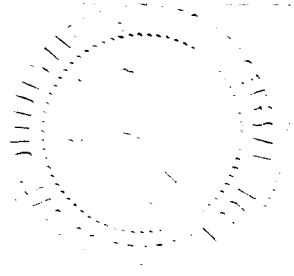
My Commission Expires July 22, 1944

1-13-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



655 111 036 253

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319409
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Stone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at farm residence.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years 0 month 11 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Stone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Stone Idaho

3. RESIDENCE of FATHER (city, state) Stone Idaho

4. FULL NAME OF CHILD Delmore C Weese

5. Date of Birth (Month, day year) Jan. 11 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Hezekiah Weese
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Diana (City or town) West Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hallie May Belknap
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Stumptown (City or town) West Virginia (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum No Record
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by Family Records of Father (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) SEP 11 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Weber } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Henry Hezekiah Weese, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Delmore C Weese (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife Mariah Neal (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Henry H. Weese Signature
272 - 8th St. Ogden, Utah P. O. Address

Subscribed and sworn to before me on this 4 day of September, 1941
(SEAL) Emmett R. Blankinton Notary Public, residing at Ogden Utah

My Commission Expires Aug 2, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-219 040-249

319436

319436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319436

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Shoshone (b) City KELLOGG
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 8 years 6 month 8 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State IDAHO (b) County SHOSHONE
   (c) City KELLOGG
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.
   (f) Mother's mailing address KELLOGG IDAHO

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** LAURA NAOMI TOWERS

5. Date of Birth (Month, day, year) MAY 19, 1912

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** SANDY GIBSON TOWERS

11. Color or Race WHITE

12. Age at time of THIS birth 37 yrs.

13. Birthplace TOWER HILL-NEW BRUNSWICK-CANADA
(City or town) (State or foreign country)

14. Exact Occupation MINING

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SINA ELIZABETH BURGETT

17. Color or Race WHITE

18. Age at time of THIS birth 40 yrs.

19. Birthplace MENOMONIE WISCONSIN
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead ONE (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) SEP 9 1941 (Date received) (b) Mabel H. Fahlen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Sandy G Towers M.D. (D.O., Midwife, etc.)
and address 242 High St. Eugene, Oregon Date 6/14/41

State of Oregon
County of Lane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sina Elizabeth Towers, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Laura Naomi Towers (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that her father (Name of attendant at birth), who attended said birth was the only person present (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sina Elizabeth Towers Signature

242 High Street, Eugene, Oregon P. O. Address

Subscribed and sworn to before me on this 14th day of June, 1941

(SEAL)

Notary Public, residing at Eugene, Oregon

My Commission expires Sep. 21, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

297-205 014 849 #319614

United States
Department of Commerce
Bureau of Census SEP 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319614
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Emmett Ida

4. FULL NAME OF CHILD Merrion William Bigham

5. Date of Birth (Month, day year) Mch 5 1912

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Bigham
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Emmett (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Gertrude Hurst
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Rickhill (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 27 1941 (Date received) (b) Mabel F. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature R N Cummings M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962 109 041816

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319642
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County TETON (b) City VICTOR
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: NONE IN OWN HOME
(e) Mother's stay BEFORE delivery: IN OWN HOME
In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County TETON
(c) City VICTOR
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address VICTOR IDAHO

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD REVERE JENNINGS ROBERTSON.

5. Date of Birth (Month, day year) 10-9-12

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Joseph Clements Robertson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace CHICAGO (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation MERCHANT
15. Industry or Business HARDWARE & GROCERY

MOTHER OF CHILD

16. FULL MAIDEN NAME EDITH MAY HAWLEY
17. Color or Race WHITE
18. Age at time of THIS birth ..... yrs
19. Birthplace PLESANT GROVE (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 8 1941 (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, EDITH M. WAHLBERG being first duly sworn, say that I am Related to (Related to (or) acquainted with) REVERE JENNINGS ROBENTSON as SISTER (State relationship or acquaintance), whose birth certificate (Name of person on certificate above)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. KING M.D., who attended (Name of attendant at birth)
said birth IS NOW DECEASED and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Edith M. Wahlberg Signature
5924 Bellevue Ave La Jolla Cal. O. Address

Subscribed and sworn to before me on this ..... day of 19

(SEAL) Howard F Rowe Notary Public, residing at La Jolla Calif

My Commission Expires Feb. 4, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

415-113 030-544

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319673
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Baker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home None days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Baker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Baker City

3. RESIDENCE of FATHER (city, state) Baker, Idaho

4. FULL NAME OF CHILD Steve Manfull

5. Date of Birth (Month, day year) Dec. 13, 1912

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? correct

FATHER OF CHILD

10. **FULL NAME** James Ernest Manfull
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Winona (City or town) Minnasota (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Noma Emmons
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Salmon (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead X1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by James Ernest Manfull (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) Sept 19-1941 (Date received) (b) Mabel H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date 9-13-41.

State of Oregon } ss.
County of Coos }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, James Ernest Manfull, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Steve Manfull (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lucy Richardson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

James Earnest Manfull Signature
11th & Marion North Bend P. O. Address

Subscribed and sworn to before me on this 13th day of September 1941.
(SEAL) Irwin D. Shriver Notary Public, residing at North Bend, Ore.

NOTARY PUBLIC FOR OREGON
My Commission Expires April 24, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239 113 010 219

319699

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 12 1941

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonnieville (b) City Poplar, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: no child born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Rosa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Rosa, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ernest Raymond Still

5. Date of Birth (Month, day year) Oct. 13, 1912

6. Sex male

7. Twin or Triplet none

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edgar Elwood Still

11. Color or Race white

12. Age at time of THIS birth 51 yrs.

13. Birthplace (City or town) (do not know) (State or foreign country) Wisconsin

14. Exact Occupation common laborer

15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Cloyde Pearl Bailey

17. Color or Race white

18. Age at time of THIS birth 33 yrs.

19. Birthplace (City or town) Summner County (State or foreign country) Kansas

20. Exact Occupation housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 12 1941 (Date received) (b) Mabel H Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Ferry }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Pearl Still, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ernest Still (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the persons (Name of attendant at birth) who attended said birth cannot be located now (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

/ Pearl Still Signature

REPUBLIC, WN. P. O. Address

Subscribed and sworn to before me on this 8th day of Sept. 19 41

(SEAL) D. E. Potter Notary Public, residing at REPUBLIC, WN.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 318699

County of Ferry } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Ernest Still (Name on Original Certificate) who was born (Was Born or Died) on Oct. 13, 1912 (Date of Event)

in Bonnieville, Poplar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ernest Still	Ernest Raymond Still

Subscribed and sworn to before me this 30th day of June, 1945

Hazel B. Farris

Notary Public, residing at Republic, Wash

My commission expires Sept. 30, 1948

(Seal)

Signed Pearl C Still Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Republic Wn

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Ada }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this second day of August, 1945

Frank N. Bagley

Notary Public, residing at Boise, Idaho

My commission expires January 24, 1946

(Seal)

Signed Nellie E. Jamison

(Signature of Any Credible Person)

1819 N. 17th St. Boise, Idaho

(Street Address, City, State)

523-206-06-239

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 15 1941

State File No. 319727
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. Farm Home
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. Farm Home
(e) How long has **MOTHER** lived in Idaho? ~~7~~ ~~7~~ 8 1/2 yrs.
(f) Mother's mailing address Oakley Idaho

3. **RESIDENCE of FATHER** (city, state) Oakley, Idaho

4. **FULL NAME OF CHILD** Veda Geneva Eklund

5. Date of Birth (Month, day, year) 3-6-1912

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Oscar Eklund
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Grantsville Utah (City or town) (State or foreign country)
14. Exact Occupation Brick Mason
15. Industry or Business Self employed

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Geneva Strong
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Price Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at — a M. on the date and at the place stated above, and that personal particulars were furnished by Geneva Eklund (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 18 1941 (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Geneva Eklund, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Veda Geneva Eklund (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A.F.O Neilson M.D (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Geneva Eklund Signature
1097 Rialto, Venice, Calif P. O. Address

Subscribed and sworn to before me on this 15th day of September, 19 41

(SEAL) ____ Notary Public, residing at Venice, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

483-22-0040-695

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319750
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Burke Road
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Burke Road
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Anne Uhlman

5. Date of Birth (Month, day year) November 20, 1912

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Uhlman
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace (City or town) Switzerland (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Wiegele
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Austria (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 19 1941 (Date received) (b) Mabel T. Fraker (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.)
and address Wallace Ida. Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature
.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

797-208: 853-854

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH.
STATE OF IDAHO

State File No. 320976

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Elizabeth Piger			2. Date Of Birth (month) August (day) 8, (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Rudolph John Piger			7. State or Country of Father's Birth: Svedler, Hungaria
MOTHER	8. Full Maiden Name of Mother: Elizabeth Grace Hemmert			9. State or Country of Mother's Birth: St. Charles, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen E. Williams		11. Present Address of Registrant: 5012 South L Street
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1959	12. Signature of Notary: [illegible]		13. Notary Commission expires: August 26 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother's sister (age 76)	By whom issued and signed: Dorothy McCalman	Date Issued: 3-12-59	Date Orig. Entry:
	Date of Birth: Aug. 8, 1912	Birth Place: Pocatello, Idaho	Full Name of Mother: Elizabeth Grace Hemmert	Name of Father: Rudolph John Piger
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Northern Life Ins. Co.	Date Issued:	Date Orig. Entry: Oct. 11, 1946
	Date of Birth: Aug. 8, 1912	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #286179	Date Issued:	Date Orig. Entry: child born Oct. 29, 1939
	Date of Birth: age 27	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION	Marriage Record, Tacoma, Wash. Pierce Co. Auditor's Office; 2-17-59: age 41 as of Aug. 12, 1953; birthplace-Pocatello, Idaho.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barnum	Evidence reviewed by: Nancy Richards		Date Filed: March 23, 1959

FORM BH 56067

2 copies pd

DELAYED DUP OF 1912-8087

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 320976
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born in home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Pocatello, Ida.

3. RESIDENCE of FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Helen Elizabeth Piger

5. Date of Birth (Month, day year) Aug. 8, 1912.

6. Sex Female **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Rudolph John Piger
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Svedler (City or town) Hungaria (State or foreign country)
14. Exact Occupation baker
15. Industry or Business worked as baker

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Grace Hammer
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace St. Charles, Idaho. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 11 1941 (Date received) (b) Mabel M. Feder (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho, County of Camas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rudolph John Piger, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Elizabeth Piger (Name of person on certificate above) as her father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Viley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rudolph John Piger Signature
Fairfield, Idaho P. O. Address

Subscribed and sworn to before me on this 9th. day of September 19 41.
(SEAL) ..... Notary Public, residing at Fairfield, Idaho.

MAR 23 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1912-8089

954-225-025-532

320977

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 13 1941

1. PLACE OF BIRTH
(a) County Idaho (b) City White Bird,
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address White Bird, Idah

3. RESIDENCE of FATHER (City, State) White Bird, Idah

4. FULL NAME OF CHILD Carolyn Alice Remington

5. Date of Birth (Month, day year) 12/25/1912

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Elmer I. Remington	16. FULL MAIDEN NAME Bertha R. Eckel
11. Color or Race White 12. Age at time of THIS birth 31 yrs.	17. Color or Race White 18. Age at time of THIS birth 25 yrs
13. Birthplace Grangeville, Idaho (City or town) (State or foreign country)	19. Birthplace Littleton, Colorado. (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 5:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Remington (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 13 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Helen Donnecq M.D. (D.O., Midwife, etc.) and address White Bird, Idaho Date 9/11/41

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this 11th day of September, 1941

(SEAL) Marie C. Shea Notary Public, residing at White Bird

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

SEP 25 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

X 259-115-033295

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321053
Local Reg. No.
Reg. Dist. No.

25 1941

1. PLACE OF BIRTH
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar City
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 2 mos. yrs.
(f) Mother's mailing address Sugar City

3. RESIDENCE of FATHER (city, state) Sugar City

4. FULL NAME OF CHILD Immanuel Kerbs

5. Date of Birth (Month, day year) Dec. 15, 1912

6. Sex M
7. Twin or Triplet Nil
If so—born 1st, 2nd, 3rd Nil
8. No. months of Pregnancy Reg.
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George H. Kerbs
11. Color or Race Wh.
12. Age at time of THIS birth 30 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine M. Brettman
17. Color or Race Wh.
18. Age at time of THIS birth 22 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 25 1941 (Date received) (b) Mabel I. Elcher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature No doctor M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, George H. Kerbs, being first duly sworn, say that I am related to (Related to (or) acquainted with) Immanuel Kerbs (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no doctor (Name of attendant at birth), who attended said birth nil (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

[signature] Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 23 day of September, 1941
(SEAL) [signature] Notary Public, residing at Burley, Id.

SEP 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

194 224 006 168

321082

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Aberdeen
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Aberdeen
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Marian Grace Arms

5. Date of Birth (Month, day year) 5/24/12

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Delos Ernest Arms
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Iowa (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel H. Johnson
17. Color or Race white
18. Age at time of THIS birth 28 yrs
19. Birthplace McPherson Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at 8 P. M. on the date (born alive, ~~stillborn~~) and at the place stated above, and that personal particulars were furnished by Mabel Arms (First name) (Last name), who is related to this child as mother (Mother, etc.).

26. (a) Sept 29-1941 (Date received) (b) Mabel H Eddy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Matilda J Johnson M.D. (D.O., Midwife, etc.) and address Aberdeen Ida Date 9/27/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

X 349-118-022-154

United States Department of Commerce Bureau of Census — SEP 27 1941 — Fremont

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321107
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at the Fathers Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days, IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison Fremont
(c) City Salem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Salem Ida

3. RESIDENCE of FATHER (city, state) Salem Ida

4. FULL NAME OF CHILD Benjamin Franklin Furman

5. Date of Birth (Month, day year) Oct 18, 1912

6. Sex Male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Ricks Furman
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Selma Marie Anderson
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Hyrum Utah (City or town) (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 27 1941 (Date received) (b) Mabel H Elder (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Selma Furman, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Benjamin Franklin Furman as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shuler (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Selma Furman Signature
364 Maple St Idaho Falls, Ida P.O. Address

Subscribed and sworn to before me on this 24th day of September 1941

(SEAL) Olga Ebeltoft Clerk of Probate Court Notary Public, residing at Idaho Falls Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address None Dead

3. RESIDENCE of FATHER (city, state) Dead 12

4. FULL NAME OF CHILD Ralph Arthur Johnson

5. Date of Birth (Month, day year) 10/21/[illegible]

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Horace Aaron Johnson
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Castle Valley Utah (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Ferguson
17. Color or Race White
18. Age at time of THIS birth ..... yrs.
19. Birthplace Salt Lake City Ut (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living 4 (c) Born alive and now dead 6 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by MARY L JOHNSON (First name) (Last name), who is related to this child as AUNT (Mother, etc.)

26. (a) Sept 30-1941 (Date received) (b) Mabel Fieder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mary Johnson M.D. (D.O., Midwife, etc.) and address RUPERT IDAHO Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, MARY L JOHNSON, being first duly sworn, say that I am AUNT (Related to (or) acquainted with) XXXXX RALPH [illegible] JOHNSON (Name of person on certificate above) as AUNT (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that WAS PRESENT AT BIRTH (Name of attendant at birth), who attended said birth DR PATTERSON IS DECEASED (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Mary L Johnson Signature

P. O. Address

Subscribed and sworn to before me on this 17th day of SEPTEMBER 1941 19

(SEAL) H A Boyer Notary Public, residing at Rupert

Probate Judge

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 2 2 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Filer, Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home X days.
IN **THIS** county six years month days

RECEIVED

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? six yrs.
(f) Mother's mailing address Filer, Ida

3. RESIDENCE of FATHER (city, state) Filer, Ida

4. FULL NAME OF CHILD Roland Lester Rettig

5. Date of Birth (Month, day year) April 23 - 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Herman Rettig
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Shaw (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ellen Strausz
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Verdella (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead X (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at 11 a M. on the date and at the place stated above, and that personal particulars were furnished by Ella (First name) M Rettig (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 2 2 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

RECEIVED

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, E H Rettig, being first duly sworn, say that I am Related to (Related to ~~(or) acquainted with~~) Roland Lester Rettig (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Kate Rettig (Name of attendant at birth), who attended said birth is now deceased (Is now deceased ~~(or) cannot be located~~) and that this birth **has not been previously recorded.**

E H Rettig Signature
4031 Francis ave. Seattle, WN P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) H. E. Cochran Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669 XP2 040-152

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321190
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Kellogg Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Kellogg Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 1 days.
IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Eagle - near Murray Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Hoodsport Wash.

3. RESIDENCE of FATHER (city, state) [illegible]

4. FULL NAME OF CHILD Orland Ross Forry

5. Date of Birth (Month, day year) 9-2-1912

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ross Harry Forry
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Baron (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Lavina Ankrom
17. Color or Race white
18. Age at time of THIS birth 36 yrs. (mo. day 8-29)
19. Birthplace Lynn Co (City or town) Oregan (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as mother (Mother, etc)

26. (a) SEP 30 1941 (Date received) (b) Mabel T Eeffer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Washington } ss.
County of Mason }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Lucy Lavina Forry, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Orland Ross Forry (Name of person on certificate above) as my son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that George Keneth (Name of attendant at birth), who attended said birth cannot locate (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Lucy Lavina Forry Signature
Hoodsport Washington P. O. Address

Subscribed and sworn to before me on this 24th day of Sept 1941
(SEAL) Will H Lunt Notary Public, residing at Hoodsport

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-217001 795

Use only BLACK Ink, or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

SEP 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321281
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Ada (b) City Star
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Ranch So. of Star
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home — days. —
IN **THIS** county / years 6 month 10 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D.No. 12th Ave
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Star Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Sue Evelyn Prescott

5. Date of Birth (Month, day year) 2-17-1912

6. Sex female

7. Twin or Triplet /

If so—born 1st, 2nd, 3rd /

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leland J. Prescott
11. Color or Race W
12. Age at time of THIS birth 40 yrs.
13. Birthplace Haverhill N H (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Mercantile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel A Griffin
17. Color or Race W
18. Age at time of THIS birth 37 yrs
19. Birthplace Farmington Jackson Mich (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Music Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead / (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) SEP 12 1941 (Date received) (b) Mabel A Griffin (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. J. Prescott, being first duly sworn say that I am Father related (Related to (or) acquainted with) to Sue Evelyn Prescott (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H.P. Rees (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leland J. Prescott Signature
3101 La Salle ave L.A. P. O. Address

Subscribed and sworn to before me on this 10 day of September 19 41

(SEAL) William H. Arnold Notary Public, residing at Los Angeles

My Commission Expires Dec. 13, 1943.

JUL 1 2 2012

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

815-731-022-632

321315

United States
Department of Commerce
Bureau of the Census

SEP 30 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** ASHTON IDAHO
   (a) County FREMONT (b) City ASHTON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOUSE
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 2 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State IDAHO (b) County FREMONT
   (c) City ASHTON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) ASHTON IDAHO (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** MERRILL WOODROW STANLEY HANSEN

5. Date of Birth (Month, day, year) 10-31-1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HANS PETER HANSEN
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace ..... DENMARK (City or Town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** KAREN SOPHIA OLSEN
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace COUNCIL BLUFFS, IOWA (City or Town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
    (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by H. P. HANSEN (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

26. (a) SEP 30 1941 (Date received) (b) Maud Keeler (Registrar's signature)

25. Attendant's **OWN signature** E. R. Stange M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date .....

27. Given name added on ..... by ..... (Registrar's Signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

JAN 17 1975

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

413 123016 695

321316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 30 1941

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Ida. Falls
(c) Street Address or R.F.D. No. 320 Capital Cliff
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 6 days.
In **THIS** county 1912 years May month 23 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho, Falls Ida.
(d) Street Address or R.F.D. No. 320 Capital Cliff
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Hamer, Idaho

3. **RESIDENCE of FATHER** (city, state): Hamer, Ida.

4. **FULL NAME OF CHILD** Rodrick Delbert mattson

5. Date of Birth (Month, day, year) may 23, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John mattson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Almhult (City or town) Sweden (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Betty Eleida Fredrick
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Almhult (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living One (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) SEP 30 1941 (b) (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes and uses proscribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 1912-5943

DELAYED

699-106-014-249

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

321323

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. Rout One
(d) Name of Hospital or Maternity Home: No
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home no days.
IN THIS county 19 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmitt
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Yakima Wash

4. FULL NAME OF CHILD Duke Dave Wright March 6th

5. Date of Birth (Month, day, year) March 6 1912

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Porter B. Wright	16. FULL MAIDEN NAME Annie Burch
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 40 yrs.	18. Age at time of THIS birth 32 yrs.
13. Birthplace Randolph (City or town) Kentucky Paul (State or foreign country)	19. Birthplace Paul svallsy (City or town) Oklahoma (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation house wife
15. Industry or Business no	21. Industry or Business no

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn yes

24. I HEREBY CERTIFY That I attended the birth of this child, who was yes (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Father (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) SEP 30 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Mid WifeName M.D. (D.O., Midwife, etc.) and address Mrs Burrel Date notali

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Porter B Wright, being first duly sworn, say that I am Father (Related to (or) acquainted with) Duke Dave Wright (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Burrel (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Porter B. Wright Signature

P. O. Address

Subscribed and sworn to before me on this 1st day of May 1941 W. P. Grothen

(SEAL) W. P. Grothen Notary Public, residing at yakima Wash y

yakima W

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243 110-007 766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

OCT 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321420
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** RECEIVED
(a) County Blaine (b) City Manard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 5 years 9 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Frank Talmage Butler
5. Date of Birth (Month, day, year) 10 Feb. 1912
6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Horace Calvin Butler
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Joseph City Utah (City or Town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Rebecca Goold
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bellevue Utah (City or Town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 1 1941 (Date received) RECEIVED (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** Annie C. Thurber ~~M.D.~~ ~~(D.O., Midwife, etc.)~~
and address Fairfield Ida Date Sept 29th 1941

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

555-220-001-689

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada County

City of Star Idaho

~~No.~~ 3½ miles North ~~St.~~

Ragsdale Ranch

(If born in hospital or institution give name)

SEP 23 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

321448

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruth Margaret Elizebeth Neely

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth May 20th, 1912 (Month, Day, Year)

FATHER	MOTHER
9. Full name Walter James Neely	18. Full maiden name Anna Mabel White
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 23 (years)	20. Color or race White 21. Age at last birthday 17 (years)
13. Birthplace (city or place) (State or Country) Economy Penn	22. Birthplace (city or place) (State or Country) 4 Miles S. of Thurman Fremont Co. Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Anna M. Neely Mother, M.D.

or ....., Midwife

Address Box 61 Hermiston Ore.

Give name added from a supplemental report ..... (Date of)

Filed SEP 23 1941 193.. Mabel T. Eeler Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ Local Registrar's No. _____

Primary Registration District No. _____ Certificate No. _____

(To be filled in by typewriter or by print)

1. PLACE OF BIRTH (a) County _____ (b) City or Village _____

(c) Name of Hospital or Institution _____ (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE OF MOTHER (a) State _____ (b) County _____

(c) City or Village _____ (d) Street address _____

3. CHILD (a) Full name _____ (b) Sex _____

(c) Date of birth (month, day, year) _____ (d) Twin, triplet or other _____ (e) Number in order of birth _____

4. Legitimate _____ 5. Illegitimate _____ 6. Stillborn _____ 7. Legal Abortion _____

8. Date of marriage of parents (month, day, year) _____ Where (City and State) _____

FATHER

9. NAME _____

10. Residence (usual place of abode) _____

11. Age at last birthday (years) _____

12. Color or race _____

13. Birthplace (State or Country) _____

14. Trade, profession, or particular kind of work done, as spinning, weaving, sawmill, etc. _____

15. Industry or business in which work was done, as cotton mill, lumber mill, etc. _____

16. Number of years in this occupation _____

MOTHER

17a. Full maiden name _____

17b. Residence (usual place of abode) _____

(If non-resident give place and State) _____

18. Age at last birthday (years) _____

19. Color or race _____

20. Birthplace (City or place) _____

(State or Country) _____

21a. Trade, profession, or particular kind of work done, as spinning, weaving, sawmill, etc. _____

21b. Industry or business in which work was done, as cotton mill, lumber mill, etc. _____

21c. Number of years in this occupation _____

22. Total children born (including this child) _____ (a) Now living _____ (b) Now dead _____

23. Number of children of this mother (At time of this birth and including this child) _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

24. Number of pregnancies _____ Duration of gestation _____ months or weeks

25. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was born alive at _____ m. on the date above stated.

(Born Alive or Stillborn)

Signed _____ M. D.

or

Address _____

Midwife

Registrar.

555-220 001 689

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Canyon } ss.

Mrs Anna M. Neely being first duly sworn says that

She is the Mother of Ruth Margaret Elizabeth Neely
(Relationship of child)*

born May 20 - 1912 at 3½ Miles North of Star, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs Anna M. Neely desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ruth Margaret Elizabeth Neely hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Fanny M. D. was the Midwife medical attendant at the birth of said Mamie Julia Neely and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Anna M. Neely Mother

P. O. Address Box 61 - Hermiston Oregon

Subscribed and sworn to before me this 20th day of Sept, 19 41

Maud Berry
Notary Public.

Residing at Nampa, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 8 1941

OCT 11 1972

993 206030-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

321538

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

RECEIVED

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Salmon
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Catherine Charlotte Rittenhouse
5. Date of Birth (Month, day, year) July 6 1912
6. Sex female
7. Twin or Triplet ~~If so—born 1st, 2nd, 3rd~~
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Frank H. Rittenhouse
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Allegra Eva Ringsbury ~~Rittenhouse~~
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace South Dakota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

OCT 8 1941

26. (a) Oct 8-1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Allegra Eva Rittenhouse, being first duly sworn, say that I am related to (Related to (or) acquainted with) Catherine Charlotte Rittenhouse as her mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Hammer (Name of attendant at birth), who attended said birth ~~is now deceased~~ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lives in Salmon

Allegra Eva Rittenhouse Name
237 N. Cedar, Glendale, Calif. Address

Subscribed and sworn to before me on this 24th day of August, 1940

(SEAL) Lillian M Medick Notary Public, residing at Glendale, California

My Commission Expires Nov. 18, 1940

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-224-022-892

321541

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 8 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Kilgore
(c) Street Address or R.F.D.No. None
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

RECEIVED

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Kilgore
(d) Street Address or R.F.D.No. None
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) Kilgore, Idaho

4. FULL NAME OF CHILD Dorothy Lena Brauer

5. Date of Birth (Month, day year) May 24, 1912

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Gustav E. Brauer	16. FULL MAIDEN NAME Melinda Hibbert
11. Color or Race White American 12. Age at time of THIS birth 32 yrs.	17. Color or Race White American 18. Age at time of THIS birth 42 yrs
13. Birthplace Amsterdam (City or town), Holland (State or foreign country)	19. Birthplace Enterprise (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation
15 Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 8-1941 (Date received) (b) Maud T Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gustav E. Brauer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dorothy Lena Brauer (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Oscar De Hart (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gustav E. Brauer Signature

..... P. O. Address

Subscribed and sworn to before me on this 16 day of Sept 1941

(SEAL) [signature] Notary Public, residing at Dubois Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

719 130 032 719

OCT 20 1941

321633 321633

United States Department of Commerce Bureau of Census RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mendiola Place
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no. days.
IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Box 102 Rupert
3. RESIDENCE of FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD Manuel Garatea
5. Date of Birth (Month, day year) Nov. 30-1912
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Pio Garatea
11. Color or Race Pasque
12. Age at time of THIS birth 24 yrs.
13. Birthplace Pequeilco (City or town) Vizcaya Spain (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business Sheep business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francisca Garatea
17. Color or Race Pasque
18. Age at time of THIS birth 23 yrs.
19. Birthplace Tiegaburuaga (City or town) Spain (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1070
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) Francisca Garatea (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 20 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.)
and address Shoshone Idaho, Date Oct 14/41

State of Idaho } ss.
County of Lincoln }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-28-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-126-008-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

321704

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** now Valley
(a) County Boise (b) City Alpha
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Boise
(c) City Alpha (P.O.)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Alpha

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Jack Riley Cole

5. Date of Birth (Month, day, year) 8/26/1912

6. Sex. Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis E. Cole
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Sutton, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Leona Morris
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace Milton, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2.
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 1:00 PM. on the date and at the place stated above, and that personal particulars were furnished by Grace Loena Cole (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 11 1941 (Date received) (b) Mabel F. Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs. G. M. Kurtzweil M.D. or Midwife (D.O., Midwife, etc.)
and address Boise, Idaho Date 10/7/40

State of Idaho
County of Valley } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace Leona Morris Lutes being first duly sworn, say that I am related to (Related to (or) acquainted with) Jack Riley Cole (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1941

OCT 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-227035-619

321812

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 16 1941

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No. 1309 - 10 ave
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 20 years 0 month 0 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai, Ida.
(d) Street Address or R.F.D. No. No
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Lapwai, Ida.

3. RESIDENCE of FATHER (city, state): Same.

4. FULL NAME OF CHILD Eula Katherine Wellman

5. Date of Birth (Month, day, year) Nov. 27, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Frank G. Wellman
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Masonville, Iowa (City or town) (State or foreign country)
14. Exact Occupation Railroad Man
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Eula Ward
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Salina, Kan. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Do.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 16 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank G. Wellman, being first duly sworn, say that I am related (Related to (or) acquainted with) Eula Katherine Wellman (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. B. Morris (Name of attendant at birth), who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank G. Wellman Signature
1309-10 ave, Lewiston, Ida. P.O. Address

Subscribed and sworn to before me on this 15 day of Oct. 1941

(SEAL) John R. Phillips Notary Public, residing at Lewiston, Ida

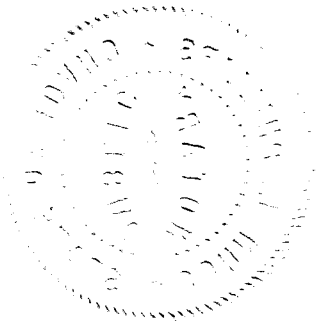
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



262-115 022 915

321814

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Small
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Dwelling Place
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home None days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Small
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.
(f) Mother's mailing address Dubois, Idaho

3. RESIDENCE of FATHER (city, state) Small, Ida.

4. FULL NAME OF CHILD James Doschades

5. Date of Birth (Month, day year) Feb. 15 - 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl August Doschades
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Waterloo (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Pearl Ransom
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Cambridge (City or town) Nebraska (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) Oct 20 - 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Pearl Doschades, being first duly sworn, say that I am Related (Related to (or) acquainted with) James Doschades (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Wilson (Name of attendant at birth), who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Pearl Doschades Signature
Dubois Idaho P. O. Address

Subscribed and sworn to before me on this 15 day of October 1941
(SEAL) [signature] Notary Public, residing at Dubois Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-23-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391/103 036 864

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321886
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City American Falls
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City American Falls
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address American Falls, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD George William Crawford

5. Date of Birth (Month, day year) Nov. 3, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Newton Crawford

11. Color or Race white

12. Age at time of THIS birth 23 yrs.

13. Birthplace Coffee, (City or town) Missouri (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Houpt

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

19. Birthplace Sullivan (City or town) Indiana (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Crawford (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Oct 20-1941 (Date received) (b) Mabel H Edelen (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of California
County of San Joaquin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ethel Crawford, being first duly sworn, say that I am related to (Related to (or) acquainted with) George William Crawford (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Roy Drake (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Ethel Crawford. Signature
933 S. Garden st. Stockton, Cal. P. O. Address

Subscribed and sworn to before me on this 18th day of October, 1941

(SEAL) Leona L. Clavey Notary Public, residing at Stockton

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795117-028817

321899

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Clinton Martin Greenfield

5. Date of Birth (Month, day year) Sep. 17. 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Greenfield
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Hagen.
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Fargo. No. Dakota. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 25% Arg. ynf.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, ~~stillborn~~) and at the place stated above, and that personal particulars were furnished by Physician (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 20 1941 (Date received) (b) Mabel I. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature John D. Wood M.D. (D.O. Midwife etc.) and address Coeur d'Alene Date Oct 18. 41.

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391127009-962

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321914

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Nellie Maude Craig

5. Date of Birth (Month, day year) Oct. 27, 1912

6. Sex Female

7. Twin or Triplet Single If so—born ~~1st, 2nd, 3rd~~ 4th

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas Martin Craig

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Redding, (City or town) California (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Maude Rose

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Republic, (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive ~~and now dead~~ 0 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6-39 A. M. on the date and at the place stated above, and that personal particulars were furnished by Clara Maude Craig (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) Oct 17-1941 (Date received) (b) Mabel H. Eells (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mina L. Studebaker M.D. (D.O., Midwife, etc.)
and address Sagle, Ida Date 10-15-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this 15th day of Oct. 1941

(SEAL) Francis J. Long Notary Public, residing at Sand Point, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451 124 030-339

321926

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County LEMHI (b) City CARMEN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City CARMEN
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) CARMEN IDAHO

4. FULL NAME OF CHILD George Clinton Dean

5. Date of Birth (Month, day, year) APRIL 24, 1912

6. Sex MALE

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME GEORGE FRANK DEAN
11. Color or Race WHITE
12. Age at time of THIS birth 49 yrs.
13. Birthplace ..... (City or town) WISCONSIN (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MELLIE CLINTON
17. Color or Race WHITE
18. Age at time of THIS birth 39 yrs.
19. Birthplace ..... (City or town) ILLINOISE (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 20 1941 (Date received) (b) Maud F. Eddy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mellie Clinton Dean, being first duly sworn, say that I am Related To (Related to (or) acquainted with) George Clinton Dean (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Chas. F. Hanmer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mellie Clinton Dean Signature

..... P. O. Address

Subscribed and sworn to before me on this 17th day of October, 1941

(SEAL) Frederick Hughes Snook Notary Public, residing at Salmon, Idaho.

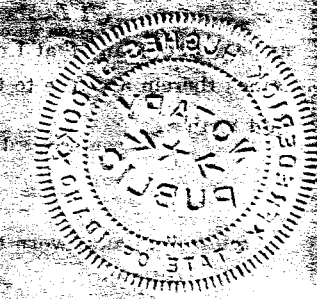
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-22-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the [illegible] Chapter 2, Title 39, Idaho Code Annotated, which [illegible] panied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or available, by the next of kin, or guardian, or some person having direct knowledge in the premises.



349 - 211 - 001 - 366

#322 898

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

OCT 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 322898
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Mary Elizabeth Turner

5. Date of Birth (Month, day year) April 11 - 1912

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Turner Ashby Turner
11. Color or Race
12. Age at time of THIS birth 48 yrs.
13. Birthplace St Bernard, La (City or town) (State or foreign country)
14. Exact Occupation Miner
15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frankie Anne Cooper
17. Color or Race White
18. Age at time of THIS birth 38 yrs
19. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Frankie Close (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 22 1941 (Date received) (b) Mabel H Eldredge (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

28. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs C. G. Close, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Mary Elizabeth Turner (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Titus (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs C. G. Close Signature
R-1 - Boise Idaho P. O. Address

Subscribed and sworn to before me on this 22nd day of October 1941

(SEAL) ..... Notary Public, residing at Boise

MAY 8 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

289-104-025-363

322952

United States
Department of Commerce OCT 22 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Canfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home of parents
(e) Mother's stay BEFORE delivery: ~~In Hosp. or Mat.~~ own home Home all days. at home.
IN THIS county 12 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Canfield
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Canfield, Idaho

3. RESIDENCE of FATHER (city, state) Canfield, Ida.

4. FULL NAME OF CHILD Louis Benjamin Shinn

5. Date of Birth (Month, day, year) June 4, 1912

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd ——

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin Ray Shinn
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation farming
15. Industry or Business agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Ann Cochran
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Colfax (City or town) Washington (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know.
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living yes (c) Born alive and now dead —— (d) Stillborn ——

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 22 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ethel Ann Shinn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louis Benjamin Shinn (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Foskett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Ethel Ann Shinn Signature
Canfield Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of Oct. 1941

(SEAL) John L. Phillips Notary Public, residing at Lewiston, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-115-008-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

322968

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 21 1941 RECEIVED

1. **PLACE OF BIRTH:**
(a) County Boise (b) City Lardo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 6 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Boise
(c) City Lardo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Lardo, Idaho

3. **RESIDENCE OF FATHER** (city, state) Lardo Idaho

4. **FULL NAME OF CHILD** Glen Harold Friend

5. Date of Birth (Month, day, year) May 15 1912

6. Sex. Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert John William Friend
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Near Litchfield, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrta Phthena Hall
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Near Darwin, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 8:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Myrta Phtehena Friend (First name) (Last name) who is related to this child as Mother (Mother, etc.)

OCT 21 1941 RECEIVED

26. (a) ..... (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.) and address 612 N. Catalpa Pittsburg, Kansas Date 10-15-41

State of Kansas
County of Crawford } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Myrta Phthena Freind, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Glen Harold Friend (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that No doctor (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Myrta Phthena Friend. Name

612 N. Catalpa. Pittsburg Kansas P. O. Address

Subscribed and sworn to before me on this 15 day of October 1941

(SEAL) Helen Matelz Notary Public, residing at Pittsburg Kansas

My Commission Expires July 12, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-23-4.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and under provisions of Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-130-028-299

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323147
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeurd'Alene
(c) Street Address or R.F.D. No. 733 Military Rd.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeurd'Alene
(d) Street Address or R.F.D. No. 733 Military Rd.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Raymond Eli Laird

5. Date of Birth (Month, day year) June 30, 1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samual Eli Laird
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Van Buren (City or town) Missouri (State or foreign country)
14. Exact Occupation Steamboat Captain
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Brinker
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Denver Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Samual Eli Laird, being first duly sworn, say that I am related (Related to (or) acquainted with)
Raymond Eli Laird (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Alexander Hunter (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Samual Eli Laird — Signature
Seeley Lake, Montana — P. O. Address

Subscribed and sworn to before me this 2 Nov. day of October, 1941.

(SEAL) Dwight M. Mcgary — Notary Public, residing at Missoula, Mont.

NOTARY PUBLIC for the State of Montana
Residing at Missoula, Montana
My Commission

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

31X-110-028-494

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323169
Local Reg. No.
Reg. Dist. No. 141

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Medimont
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address (For registration notice):
(R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Oliver Leslie Lamb

5. DATE OF BIRTH (Month, day, year) April 10-1912

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oliver G. Lamb

11. Color or Race W

12. Age at time of THIS birth 41 yrs.

13. Birthplace Ills (City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Silvia B Middow

17. Color or Race W

18. Age at time of THIS birth 39 yrs.

19. Birthplace Mich (City or Town) (State or foreign country)

20. Exact Occupation Hw

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1 A. M. on the date and at the place stated above, and that personal particulars were furnished by Silvia Lamb (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 28-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs Bradshaw M.D. (D.O., Midwife, etc.)
and address Medimont Date 9/16/41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

449-102-042-343

#323195

323195

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323195
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..days. home
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Cleveland Ave
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Cleveland Ave

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Frances Eugene Durkee

5. Date of Birth (Month, day year) March 2, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry Walter Durkee

11. Color or Race White

12. Age at time of THIS birth yrs.

13. Birthplace Shelby County Illinois (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Tucker

17. Color or Race White

18. Age at time of THIS birth yrs.

19. Birthplace Fayette County Illinois (City or town) (State or foreign country)

20. Exact Occupation Practical Nurse

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8 (c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 24 1941 (Date received) (b) Mabel V. Eddy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Wash. } ss.
County of Pierce }

I, Mrs. Alice Durkee, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frances Eugene Durkee (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. B. A. Bailey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Alice Durkee Signature

1418 - 33rd East Tacoma P. O. Address

Subscribed and sworn to before me on this 23 day of Oct., 1941

(SEAL) Richard F. Ruffo Notary Public, residing at Tacoma

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-215-014-36b

323255

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 24 1941

1. PLACE OF BIRTH
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.
(f) Mother's mailing address same

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Olive Helen Hunt

5. Date of Birth (Month, day year) July 15, 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ernest ErwinHunt

11. Color or Race white

12. Age at time of THIS birth 44 yrs.

13. Birthplace Sedalia, Pettis, Mo. (City or town) (State or foreign country)

14. Exact Occupation merchant

15. Industry or Business general merchandise store

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Josephine Cook

17. Color or Race white

18. Age at time of THIS birth 38 yrs.

19. Birthplace Catherine Creek, Owyhee Co. Idaho (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 24 1941 (Date received) (b) Mabel E. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ernest Erwin Hunt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Olive Helen Hunt (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. H. Greene (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth ~~has not~~ been previously recorded.

Ernest Erwin Hunt Signature

5505 N.E. Rodney, Portland, Ore. P. O. Address

Subscribed and sworn to before me on this 22nd day of October, 1941

(SEAL) Mary Hampton Notary Public, residing at Portland, Ore.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES OCT. 2, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 20 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-21-028-292

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323345
Local Reg. No.
Reg. Dist. No.

OCT 31 1941 RECEIVED

1. PLACE OF BIRTH
(a) County Kootenai (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Plummer

3. RESIDENCE of FATHER (city, state) Plummer

4. FULL NAME OF CHILD Elsie Velores Andreason

5. Date of Birth (Month, day year) June 18, 1912

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Albert Andreason
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Homesteader
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Jane Bisson
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Canada (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No Knowledge of any thing used
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 31 1941 (Date received) (b) Mabel V. Edler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)
RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT
To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Washington } ss.
County of Pierce }

I, Alice Jane Anderson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elsie Velores Anderson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. William Cusick (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Alice Jane Anderson Signature

3584 S Spokane Ave - Tacoma, Washington P. O. Address

Subscribed and sworn to before me on this ..... day of October 1941

(SEAL) ..... Notary Public, residing at Tacoma Washington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

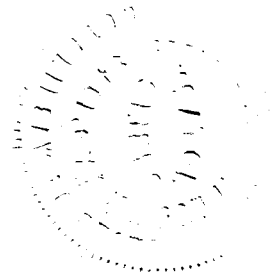
JUN 10 1963

NOV 3 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



869-123-028-493

323382

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 3 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Madison
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: In home of parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
IN **THIS** county 2 1/2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Madison
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.
(f) Mother's mailing address Madison

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Eugene Thomas Horsman

5. Date of Birth (Month, day year) May 23—1912

6. Sex Male

7. Twin or ~~Triplet~~ If so—born ~~1st, 2nd,~~ 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Horsman
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Madison (City or town) Idaho (State or foreign country)
14. Exact Occupation Mill Wright
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Anna Miller
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Avoca (City or town), Nebraska (State or foreign country)
20. Exact Occupation Living at home
21. Industry or Business — None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 3 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Anna May, being first duly sworn, say that I am the Mother of (Related to (or) acquainted with) Eugene Thomas Horsman (Name of person on certificate above) as Mother of said son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physician (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Anna May Signature

P. O. Address

Subscribed and sworn to before me on this 24th day of October, 1941

(SEAL) F. A. McMaster Notary Public, residing at Spokane - Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245 103 041 662

United States Department of Commerce Bureau of Census

NOV 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323434
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Teton (b) City Cidron
(c) Street Address or R.F.D. No. One
(d) Name of Hospital or Maternity Home: At parents home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 40 years – month – days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Cidron
(d) Street Address or R.F.D. No. One
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address R.1, Cidron

3. RESIDENCE of FATHER (city, state) Cidron, Idaho

4. FULL NAME OF CHILD ARTHUR SAMUEL KUNZ

5. Date of Birth (Month, day, year) Aug. 3, 1912

6. Sex Male

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Samuel Kunz, Jr.	16. FULL MAIDEN NAME Maude Helen Foster
11. Color or Race White 12. Age at time of THIS birth 38 yrs.	17 Color or Race White 18. Age at time of THIS birth 31 yrs.
13. Birthplace Bear Lake Co. Idaho (City or town) (State or foreign country)	19. Birthplace Mercur, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business Farming	21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 8:00 P M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) NOV 3 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Juneau, Alaska Date 10/28/41

~~State of~~ Territory of Alaska
County of ---
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Samuel Kunz, Jr., being first duly sworn, say that I am Related (Related to (or) acquainted with) Arthur Samuel Kunz (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lovina Drake (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Samuel Kunz Jr. Signature

Box 1119, Juneau, Alaska P. O. Address

Subscribed and sworn to before me on this 28th day of October, 1941

(SEAL) Agnes F. Adsit Notary Public, residing at Juneau, Alaska

My commission expires Oct. 24, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

UNITED STATES OF AMERICA)
) ss.
TERRITORY OF ALASKA)

I,Maud Helen Kunz being first duly sworn on oath depose and say: That I am the mother of Arthur Samuel Kunz; that Arthur Samuel Kunz was born on the 3rd day of August, 1912, in the County of Teton, State of Idaho; that Samuel Kunz Jr. is the father of the said Arthur Samuel Kunz; that I have read the information in the Delayed Birth Certificate and that I know of my own knowledge that the same is true.

Maude Helen Kunz

Subscribed and sworn to before me this 28th day of October, 1941.

Notary Public in and for the Territory of Alaska. My commission expires Feburary 14, 1945.

FEB 20 1953

HAROLD H. BATES
ATTORNEY-AT-LAW

955 26 036 162

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323473
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: Home of Parents
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 36 years 1 month 21 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 65 yrs.
   (f) Mother's mailing address Malad Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Sylvester Howard Reed

5. Date of Birth (Month, day year) Sept 26, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Thomas Reed
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Josephson
17. Color or Race White
18. Age at time of THIS birth 36 yrs
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:00 A.M. on the date and at the place stated above and that personal particulars were furnished by Mary Jane Reed (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) NOV 5 1941 (Date received) (b) Mina I Eden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Oneida } ss.

I, Mary Jane Reed, being first duly sworn, say that I am related to (Related to (or) acquainted with) Sylvester Howard Reed (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J M Reeves (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary J Reed Signature

Malad Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of November 1941

(SEAL) J E Kay Notary Public, residing at Malad Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

689-115 008 593

United States
Department of Commerce
Bureau of Census

NOV 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323556
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Roseberry

3. RESIDENCE of FATHER (city, state) Roseberry

4. FULL NAME OF CHILD Clifford Arden White

5. Date of Birth (Month, day, year) Sept. 15, 1912

6. Sex male Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Edward White
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation laborar
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alice Niccolls
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Montrose (City or town) Colorado (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was yes (born alive, ~~stillborn~~) at 1 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 6 1941 (Date received) (b) Mabel L Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature) RECEIVED

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary A. White, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clifford Arden White (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Marten (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Alice White Signature
Box 108 Star, Idaho. P. O. Address

Subscribed and sworn to before me on this 6 day of Nov, 1941

(SEAL) Ava Talbot Notary Public, residing at Star

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce NOV 12 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323693
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 3265-St. Clair
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years 10 month 19 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoit
(d) Street Address or R.F.D. No. 326 So. St. Cla
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Sandpoint, Ida.

3. RESIDENCE of FATHER (city, state) Sandpoint, Ida

4. FULL NAME OF CHILD Walter Eugene Wilson

5. Date of Birth (Month, day year) Feb. 20-1912

6. Sex Male

7. ~~Twin~~ or ~~Triplet~~ No — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Caryl W. Wilson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace West Pensaukee Wisconsen (City or town) (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business Private Office

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Robinson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Bruce Mines Ont. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Caryl Wilson (First name) (Last name), who is related to this child as Father (Mother, etc.)
26. (a) NOV 12 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature Chas. S. Moody M. D. (Now Dead) M.D. (D.O., Midwife, etc.) and address Sandpoint, Ida. Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Caryl W. Wilson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Walter E. Wilson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Chas. S. Moody (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Caryl W. Wilson Signature
3265 St Clair Ave. Sandpoint Idaho. P. O. Address

Subscribed and sworn to before me on this 10th day of November, 19[illegible]
(SEAL) [illegible] Notary Public, residing at Sandpoint

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 106 Indiana Ave
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 60 days. IN **THIS** county 6 years 0 month 3 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Foeur d'Alene, Idaho
(d) Street Address or R.F.D. No. 106 Indiana Ave
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Coeur d'Alene.Id

3. RESIDENCE of FATHER (city, state) Coeur d'Alen

4. FULL NAME OF CHILD Elbert Yearout

5. Date of Birth (Month, day year) Jan.1,1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Dallas Jeptha Yearout

11. Color or Race White

12. Age at time of THIS birth 21 yrs.

13. Birthplace Harris (City or town) Kansas (State or foreign country)

14. Exact Occupation Cook

15. Industry or Business Restaurant

MOTHER OF CHILD

16. FULL MAIDEN NAME Fern Crampton

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Walla Walla, Washington (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---------

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 o'clock A.M. on the date and at the place stated above and that personal particulars were furnished by Fern (First name) Crampton/Yearout (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) NOV 13 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Dr.Busby, attending physici is deceased M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Fern Crampton-Yearout, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elbert Yearout (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr.Busby (Name of attendant at birth), who attended said birth Elbert Yearout is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Fern Crampton-Yearout Signature

Route #2, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of November 1941

(SEAL) Robert W Bolton Notary Public, residing at Coeur d' lene, Id

My Commission expires June 2, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Hansen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county one years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Hansen
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Hansen

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Beulah Martha Neill

5. Date of Birth (Month, day year) Mch. 19, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Dee Neill

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Hartville (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosie Adaline Robertson

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace Hartville (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead oo (d) Stillborn oo

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as father Mother (Mother, etc.)

26. (a) Oct 29-1941 (Date received) (b) Maud H Fowler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature William D Neill Rosie Adaline Neill (D.O. Midwife etc.) and address Hermiston, Ore. Date 10/23/41

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Oregon
County of Umatilla } ss.

I, William D Neill, being first duly sworn, say that I am father-Related (Related to (or) acquainted with) to Beulah Martha Neill (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Rosie Neill (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William D Neill Signature

P. O. Address

Subscribed and sworn to before me on this 23 day of October, 1941

(SEAL) E P Dodd Notary Public, residing at Hermiston Ore

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

NOV 13 1941 RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Power Oneida (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls Oneida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address American Falls, Ida.

3. RESIDENCE of FATHER (city, state) same as above.

4. FULL NAME OF CHILD Herbert John Adolf

5. Date of Birth (Month, day year) Dec. 14, 1912.

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd 1st Born **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Bernhart Adolf
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace South Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosina Neu
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace South Russia (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum (2)
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) NOV 13 1941 (Date received) (b) (Mother, etc.) (Registrar's signature)

27. Given RECEIVED provided on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon } ss.
County of Yamhill }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Bernhart Adolf, being first duly sworn, say that I am father of (Related to (or) acquainted with) Herbert John Adolf (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Rosina Doctor (Name of attendant at birth), who attended said birth whereabouts not known (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bernhart Adolf Signature
Newberg, Oregon P. O. Address

Subscribed and sworn to before me on this 10th day of November, 19 41

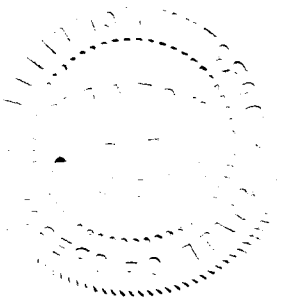
(SEAL) Dorothy McMullen Notary Public, residing at Newberg, Oregon

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323839
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Castleford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Castleford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Frank Dale Haines
5. Date of Birth (Month, day year) Nov. 13, 1912
6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Charles Oscar Haines
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Davenport (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sarah Della Jippin
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Clarinda (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 17 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sarah Della Haines, being first duly sworn, say that I am related (Related to (or) acquainted with) Frank Dale Haines (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. George Boyton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Della Haines Signature
RS - Nampa Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of November, 1941
(SEAL) Maud Henry Notary Public, residing at Nampa Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 722 009 493

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323874
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Morton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Morton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD James Wilton Hanna

5. Date of Birth (Month, day year) July 22nd 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank James Hanna
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Hector (City or town) Minn (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Miller
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Park City (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Nov 18-1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Alaska
County of First Division } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maude Scott, being first duly sworn, say that I am Related to (Related to (or) acquainted with) James Wilton Hanna (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Eva J. Lamma (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maude Scott Signature
Pelican, Alaska P. O. Address

Subscribed and sworn to before me on this 5th day of November, 1941
(SEAL) R. N. Dr. Hansen C. Notary Public, residing at Pelican, Alaska
Commission ex kires 10/26/43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local~~ registrar for ~~record in the Bureau of Vital~~ Statistics for the ~~purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 391 204 042 847

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 14 1941

State File No. 323877
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Murtaugh
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Dorothy Merle Craig ~~Ackleberry~~

5. Date of Birth (Month, day year) June 4 1912

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John G Craig
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Merle Hughes
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Galletin (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 14 1941 (Date received) (b) Mary T Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Harriet Russell M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bertha Merle Craig Signature
Eden Idaho P. O. Address

Subscribed and sworn to before me on this 13 day of Nov, 1941
(SEAL) E M Patterson Notary Public, residing at Eden Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-104028-632

United States
Department of Commerce
Bureau of Census

NOV 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323889
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City ST. MARIES
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: PRIVATE HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City ST. MARIES
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address ST. MARIES

3. RESIDENCE of FATHER (city, state) ST. MARIES

4. FULL NAME OF CHILD BRUCE ALFRED SMITH
5. Date of Birth (Month, day year) JUNE 4, 1912
6. Sex MALE
7. Twin or Triplet NO. If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** HIRAM ABIFF SMITH
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace DENNISON (City or town) TEXAS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD
16. **FULL MAIDEN NAME** IDA ~~SMITH~~ OLSON
17. Color or Race WHITE
18. Age at time of THIS birth 37 yrs.
19. Birthplace FLADL (City or town) NORWAY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead NONE (d) Stillborn NONE
24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by IDA (First name) SMITH (Last name), who is related to this child as MOTHER (Mother, etc.)
26. (a) Nov 18-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of WASHINGTON } ss.
County of Pierce }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ida Smith, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) BRUCE ALFRED SMITH (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that PHILLIP SMITH (Name of attendant at birth) who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida Smith Signature
3109 So 54th St - Tacoma, Wn P. O. Address

Subscribed and sworn to before me on this 12 day of November 1941.
(SEAL) M McClure Notary Public, residing at Tacoma Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-127-025-349

United States
Department of Commerce
Bureau of Census

NOV 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323898
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 0 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Clearwater Ida

3. RESIDENCE of FATHER (city, state) Clearwater Ida

4. FULL NAME OF CHILD Milford Elbert Manes -

5. Date of Birth (Month, day, year) June 27-1912

6. Sex Male Twin or Triplet No If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Lee Manes
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Clearwater (City or town) Idaho (State or foreign country)
14. Exact Occupation [illegible]
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Ellen Curtis
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Maries Co (City or town) Missouri (State or foreign country)
20. Exact Occupation Home -
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 17 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Ellen Curtis, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Milford Elbert Manes (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Huston C Sanger M.D. (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha Ellen [illegible] Signature
Clearwater Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of November, 1941

(SEAL) V. P. Anderson Notary Public, residing at Stites Ida.

com. ex Apr 22 / 45

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1941

Push

Please send this my Birth certificate back at once

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Filled out by H. W. Wentworth M. D.

231-10-1022-294

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 324030
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Archer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 275 days. IN **THIS** county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Archer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Thornton, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Jesse Lorin Blackburn

5. Date of Birth (Month, day year) 7 Apr. 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Naphi Blackburn
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Annie Kimber
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Grouse Creek Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) NOV 21 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lillie D. Roberts, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jesse Lorin Blackburn (Name of person on certificate above) as half sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. F. Walker (Name of attendant at birth), who attended said birth not located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lillie D Roberts Signature
Sugar, Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of November 19 41

(SEAL)

Notary Public, residing at Rexburg, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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NOV 2 ...

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No. PO Box 179
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No. Po Box 179
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue, Ida.

4. FULL NAME OF CHILD John Alfred Northey

5. Date of Birth of Child (Month, day, year) January 14, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Northey

11. Color or Race White

12. Age at time of THIS birth 51 yrs.

13. Birthplace Tavistock, England (City or town) (State or foreign country)

14. Exact Occupation Shoemaker

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Phillippa Rhoda Martyn

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Bristol England (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Wash. }
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 29 years, and that Mrs. Geo. Stitt (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J. A. Zinker ..... Signature

3021-19th So. Seattle ..... P. O. Address

Subscribed and sworn to before me this 24 day of Nov, 1941.

(SEAL) Dorothy Hood ..... Notary Public, residing at 3217-Beacon Ave.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 25 1941 by Mabel H. Edlefsen, Registrar.

NOV 26 1941

JAN 23 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325025
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. RFD #4
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. RFD #4
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Macel Jolley (~~Butler~~)
5. Date of Birth (Month, day, year) Feby 25-1912
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Nephi W. Jolley
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Mt. Carmel - Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Zelpha Huber
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Rockville - Utah (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Nov 24-1941 (Date received) (b) Mabel F Elefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louise Moncur, being first duly sworn, say that I am ~~aunt of~~ related to (Related to (or) acquainted with) Macel Jolley (~~Butler~~) (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 159, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Patterson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

P.O. Address - Burley Idaho 241 No. Alma ~~Signature~~
Signature Louise Moncur ~~P. O. Address~~

Subscribed and sworn to before me on this 24th day of November 1941

(SEAL) J W Brandt Notary Public, residing at Burley Idaho

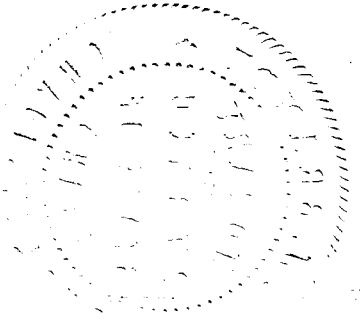
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



459-717016-249

325038

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Declo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: fathers home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years -- months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Declo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Declo, Ida.

4. FULL NAME OF CHILD Orel Dennis Merrill

5. Date of Birth of Child (Month, day, year) 7-17-12

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ira Lafayette Merrill

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Smithfield, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Sophronia Smith

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Oakley Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 2:00 A. M. on the date and at the place stated above and that personal particulars were furnished by Ira (First name) Merrill (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Declo, Idaho Date 7-17-12

State of Arizona } ss.
County of Maricopa }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Mrs (First name) Cleaveland (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira F Merrill Signature

P.O. Box 657, Mesa, Arizona P. O. Address

Subscribed and sworn to before me this 22nd day of November, 1941

(SEAL) [illegible] Notary Public residing at Mesa, Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1941 by Mabel H Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 0 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-117042-456

325042

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 21 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in home
(e) Mother's stay **BEFORE** delivery: at home. IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Henry John Kulik

5. Date of Birth of Child (Month, day, year) May 17, 1912

6. Sex male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Josef Kulik
11. Color or Race white 12. Age at time of THIS birth 46 yrs.
13. Birthplace Tisker (City or town) Czechoslovakia (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Frances Hvorak
17. Color or Race white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Castine (City or town) Czechoslovakia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6. (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Mary Francis Kulik Signature

Filer, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of November, 19 41.

(SEAL) Notary Public, residing at Filer, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914 Idaho Code Annotated.)

Received for filing on NOV 21 1941 by Mabel E. Edelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 194[illegible]

DEC 20 194[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415.6 112 030 234

325054

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Leadore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 3 years 4 month 8 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Leadore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Leadore Idaho

3. RESIDENCE of FATHER (city, state) Leadore Idaho

4. FULL NAME OF CHILD Darrel Gale Jewett

5. Date of Birth (Month, day year) 6. 12 - 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Archie Ray Jewett

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Ft. Collins (City or town) Colorado (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Susan Blunck

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Ft. Collins (City or town) Colorado (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Emma Jewett (First name) (Last name), who is related to this child as mother

26. (a) NOV 10 1941 (Date received) (b) Mabel Heiser (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Grays Harbor }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emma Jewett being first duly sworn, say that I am related to (Related to (or) acquainted with) Darrell Gale Jewett (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Scroggie (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma Susan Jewett Signature

P. O. Address

Subscribed and sworn to before me on this 7 day of Nov. 1941.

(SEAL) A. P. Wilson Notary Public, residing at Montesano

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632 704 028 556

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325155
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F D No. 902 Young St.
(d) Name of Hospital or Maternity Home: Born in Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home None days. In **THIS** county 21 years 1 months 1 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 902 Young St
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Coeur d'Alene, Idaho

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Idaho

4. **FULL NAME OF CHILD** Melvin Palmer Olson

5. Date of Birth (Month, day, year) Nov. 4, 1912

6. Sex. Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Axel Christ Olson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) Norway (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Veda Leona Newton
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Rockford (City or town) Washington (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) NOV 25 1941 (Date received) (b) Mabel H Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. or ____ (D.O., Midwife, etc.)
and address ____ Date

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Axel Olson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Melvin Palmer Olson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dwyer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Axel Olson Name

P. O. Address

Subscribed and sworn to before me on this 24 day of November 1941

(SEAL) M A Kigen Notary Public, residing at Harrison

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749 129 04 319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325157
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 909 3rd St So
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 909 3rd St So
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address (For registration notice): 623 9th Ave So (Street or R. F. D.) Nampa (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Henry Tysinger Purdum
5. Date of Birth (Month, day, year) Jan. 29, 1912
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Alexander Purdum
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Washington, Ohio (City or Town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Construction

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Remington Carson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Muskigon Michigan (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 Sol.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. J. A. Purdum (First name) (Last name) who is related to this child as mother. (Mother, etc.)

26. (a) NOV 26 1941 (Date received) (b) Mabel F. Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Nampa, Ida. Date 11-24-'41.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

NOV 29 1941

433-120 036 264

325173

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Oneida

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~POWER~~ (b) City AMERICAN FALLS
(c) Street Address or R.F.D. No. R F D NO- 1
(d) Name of Hospital or Maternity Home: BORN IN COUNTRY HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ~~POWER~~
(c) City AMERICAN FALLS Oneida
(d) Street Address or R.F.D. No. ONE
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state) AM-FALLS-IDAHO

4. FULL NAME OF CHILD WILLIS AUSTIN McCULLEM

5. Date of Birth of Child (Month, day, year) AUGUST-20-1912

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** DANIEL McCULLEM
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace WENONA (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMILY SOMMERFIELD
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace DUNLAP (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ILLINOIS
County of PEORIA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that PERSON (First name) (Last name), who attended this birth CANNOT-BE-LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie L. Sommerfield ..... Signature
Hanna City, Illinois ..... P. O. Address

Subscribed and sworn to before me this 24th day of November, 1941

(SEAL) J. P. Carpenter ..... Notary Public, residing at Hanna City Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 28 - 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-14-030-385

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 1 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325248
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Gilmore
(c) Street Address or R.F.D. No. ------
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gilmore
(d) Street Address or R.F.D. No. -------
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lawrence Wesley Kuney

5. Date of Birth of Child (Month, day, year) August 14, 1912

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Edward Kuney
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation No definite occupation
15. Industry or Business Teamster

MOTHER OF CHILD

16. FULL MAIDEN NAME Iva Esther Lynch
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lolo (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Montana
County of Missoula } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 29 years, and that Dr. White (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iva Esther Lynch Kuney Seth Signature
Route #2, Missoula, Mont. P. O. Address

Subscribed and sworn to before me this 28th day of November, 19 41

(SEAL) Faust E. Ottman Notary Public, residing at Missoula, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

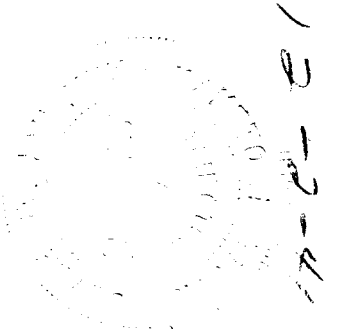
Received for filing on DEC 1 1941 by Mavel H. Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



396-116-001-251

325338

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325338
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at private residence
(e) Mother's stay BEFORE delivery:
In ~~XXXXXXXXX~~ Home 10 days.
IN THIS county 10 years 6 month 20 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 17th St. North
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address No. 17th St Boise

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ray Crowder
5. Date of Birth (Month, day, year) March 16, 1912
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate?

FATHER OF CHILD

10. FULL NAME William T. Crowder
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Lewiston, Montana (City or town) (State or foreign country)
14. Exact Occupation Road contractor.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dollie Kearns
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Big Timber, Mont. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 5:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Kearns (First name) (Last name), who is related to this child as grandmother (Mother, etc.)

26. (a) DEC 8 1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dollie Olson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ray Crowder (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Noggles (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Dollie Olson Signature
1819 N 38th St. Boise, Ida. P. O. Address

Subscribed and sworn to before me on this 8th day of Dec., 1941

(SEAL) Geo. Walker Notary Public, residing at Boise, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1973
DEC 10 1941
MAY 14 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 7 1941

664-112-016-815.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325362
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Declo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Declo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Declo, Idaho

4. FULL NAME OF CHILD Darrel Hanks Wodskow

5. Date of Birth of Child (Month, day, year) 12/12/1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James H. Wodskow
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Manti, (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Hanks
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Salt Lake City, (City or town) Utah (State or foreign country)
20. Exact Occupation farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Minidoka } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 28 years, and that Dr. Story (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Heyburn Signature
Heyburn, Idaho. P. O. Address

Subscribed and sworn to before me this 1 day of Dec., 1941.

(SEAL) [signature] Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Mabel H Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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14-120-001-369

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325391
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St Lukes
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R Route No 1
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Edwin Daniel Adams

5. Date of Birth of Child (Month, day, year) Aug 20 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edwin Peck Adams

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace Sugar Loaf (City or town) Colorado (State or foreign country)

14. Exact Occupation Metal Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kate Ellen Coughlin

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Gordon Gulch (City or town) Colorado (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 1 (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Kate Ellen Adams (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of ____ County of Ada } ss.

X **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 58 years, and that Dr Titus (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate Ellen Adams Signature
Roseville Calif 211 Earlmore P. O. Address

Subscribed and sworn to before me this 24th day of Nov, 19 41

(SEAL) Violet Russell Notary Public, residing at Roseville, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 24 - 1941 by H Culver H Culver, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Placer }

Certificate No. 325391
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or death~~)
for Edwin Daniel Adams (Name on original certificate) who ~~was born~~ (Was born ~~or died~~) on Aug 20 1910 (Date of event)
in Boise Idaho (Place of event) are erroneous ~~or were omitted;~~ and that, to the best of ~~his~~ the knowledge, the
true facts as shown by record (Bible record, insurance policy, etc.) prepared on Nov. 24th 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date	Aug. 20, 1910	Aug. 20, 1912

Subscribed and sworn to before me this 18th day of December, 19 41

M. Madge King
Notary Public, residing at Roseville Cal

My commission expires
[SEAL]

M. MADGE KING, NOTARY PUBLIC IN AND FOR COUNTY OF PLACER, STATE OF CALIFORNIA
MY COMMISSION EXPIRES AUG. 1, 1943

Signed × Kate Ellen Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

211 Earl Ave. Roseville Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Placer }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of December, 19 41

M. Madge King
Notary Public, residing at Roseville Cal

My commission expires
[SEAL]

M. MADGE KING, NOTARY PUBLIC IN AND FOR COUNTY OF PLACER, STATE OF CALIFORNIA
MY COMMISSION EXPIRES AUG. 1, 1943

Signed × Irene T. Adams
(Signature of any credible person other than the previous affiant.)

228 Irene Ave Roseville Cal
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 8 1941

964-101-031-795

325393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. R.F.D. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. R.F.D 3
(e) How long has **MOTHER** lived in Idaho? 4 months yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce, Ida

4. FULL NAME OF CHILD Orville Silas Roupe

5. Date of Birth of Child (Month, day, year) Jan. 1, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Orville Andrew Roupe
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Whittemore (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming (wheat)
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Freda Blancha Green
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Minneapolis (City or town) Minnisota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Freda (First name) Roupe (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Emma McLennan ~~M.D.~~ Midwife Address Nezperce Ida. Date Dec. 1, 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 4 - 1941 by Mabel McGehee, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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266-119-044-462

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Council
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 325416

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Francis Roland Bowman.

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Oct. 19, 1905 (Month, Day, Year)

FATHER	MOTHER
9. Full name Earl Wayland Bowman	18. Full maiden name Elva Eldora Moss.
10. Residence (usual place of abode) (If non-resident, give place and State) Council Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Council Ida.
11. Color or race White | 12. Age at last birthday 30 (years)	20. Color or race White | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Windsor Missouria	22. Birthplace (city or place) (State or Country) Ottumwa Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home.
16. Date (month and year) last engaged in this work Oct., 1905 | 17. Total time (years) spent in this work 2 yrs. 7 mo.	25. Date (month and year) last engaged in this work Oct., 1905 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Three (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 10.30 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Frank E. Brown, M. D.

or ....., Midwife

Address 1695 State St. Salem, Oregon

Give name added from a supplemental report .....
(Date of)

Filed Dec 4 1941 193.. Mabel F. Elder
Registrar.

Registrar.

DEC 5 1941

866.115.025-966

325420

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 19 1941 RECEIVED

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Riggins
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Riggins
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Riggins, Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Mark Rowe Howard

5. Date of Birth (Month, day year) 8-15-'12

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jack Orville Howard

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Grangeville (City or town) (State or foreign country)

14. Exact Occupation Stock-raising

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Rowe

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Grangeville, Idaho. (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 19 1941 (Date received) (b) Mabel H. Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mattie Howard, being first duly sworn, say that I am ..... (Related to (or) acquainted with)
..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Rebecca Berry (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mattie Rowe Howard Signature

Riggins Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of November, 1941.

(SEAL) Edna E. Buckley Notary Public, residing at French Creek Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC

259-112-022-189

United States
Department of Commerce
Bureau of the Census

DEC 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325484
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county 12 years 12 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs. 17 days yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Martin J. Bergman

5. Date of Birth of Child (Month, day, year) April 12/1912

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Walter Bergman
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Conrad Mo (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Ahrenschild
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Alma Mo. (City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Fremont }

I, the undersigned, being first duly sworn, say that I am the the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 29 years, and that Anna Bergman (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Bergman Signature
Ashton Idaho P. O. Address

Subscribed and sworn to before me this 4 day of December, 1941.
(SEAL) Paul B. Stone Notary Public, residing at Ashton, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1941 by Mabel E. Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-103-004645

325530

325530

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

DEC 1 0 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325530
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days.
IN **THIS** county 10 years 2 month 17 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Nampa, Idaho

3. RESIDENCE of FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Charles Edward Russel Davis

5. Date of Birth (Month, day year) May 3, 1912

6. Sex: Male

7. Twin or Triplet:

If so—born 1st, 2nd, 3rd:

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Moody Davis

11. Color or Race: white

12. Age at time of THIS birth: 36 yrs.

13. Birthplace: Johnson City, (City or town) Missouri (State or foreign country)

14. Exact Occupation: Carpenter

15. Industry or Business:

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ida Ode

17. Color or Race: white

18. Age at time of THIS birth: 36 yrs.

19. Birthplace: North Freedom, (City or town) Wisconsin (State or foreign country)

20. Exact Occupation: Housewife

21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Davis (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 10 1941 (Date received) (b) Mabel F. Keller (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Fred M Davis, being first duly sworn say that I am related to (Related to (or) acquainted with) Charles Edward Russel Davis (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) ~~who attended said birth~~ there was no doctor or attendant (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Fred M Davis Signature

1119 Banner St., Nampa, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of December 1941.

(SEAL) Frank J Kester Notary Public, residing at Boise, Idaho

DEC 10 1
FEB 28 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816-120-022-816 325544

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325544
Local Reg. No.
Reg. Dist. No.

DEC 16 1941

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Farnum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Farnum
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Warren Clarence Hawkes

5. Date of Birth of Child (Month, day, year) August 20, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Estes Smart Hawkes
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Franklin, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Godfrey Hawkes
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 29 years, and that Hattie (First name) Watson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Godfrey Hawkes Signature
Route 1, Boise, Idaho P. O. Address

my commission expires 22 March 1945

Subscribed and sworn to before me this 9th day of December, 1941

(SEAL) Emily Robertson Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Maud F. Elder, Registrar.

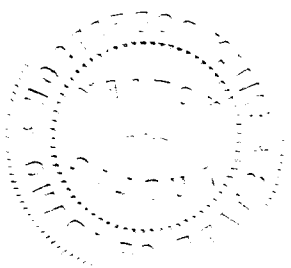
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 19[illegible]
FEB 27 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719-130-030-253

325606

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 10 PM

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Tendoy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Tendoy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Tendoy, Idaho

4. FULL NAME OF CHILD Selway Charles Carlson

5. Date of Birth of Child (Month, day, year) June 30, 1912

6. Sex Male

7. Twin or Triplet no If so—born single 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Agustus Carlson
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lennholt (City or town) Sweeden (State or foreign country)
14. Exact Occupation Farming and Livestock Raising
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Minerva Selway
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Dillon (City or town) Montana (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business Agriculture

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 29 years, and that Dr. Charles Hamner (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Eliza Minerva Selway Carlson
Signature

Tendoy, Idaho
P. O. Address

Subscribed and sworn to before me this 5th day of December, 1941

W. L. Eakle
Notary Public, residing at Salmon, Idaho.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1941 by Mabel Eakle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FREE postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires payment of fifty cents, money order or coin.

DEC 1 1 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-104-028-959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325632
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Norman Russell Adams

5. Date of Birth of Child (Month, day, year) Aug 4th 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Dott Rufus Adams
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Adel (City or town) Iowa (State or foreign country)
14. Exact Occupation Post Master
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Maud Reinhart
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Wilmot (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. deceased Midwife Address — Date

State of Colorado
County of Denver } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 29 years, and that Dr Frank Wenz (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Maud Adams Signature
1585 Colo Blvd Denver Colo. P. O. Address

Subscribed and sworn to before me this 8th day of December, 1941

(SEAL) My Commission Expires April 30, 1942 Rose L. Litman Notary Public, residing at Denver, Colorado.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by [signature], Registrar.

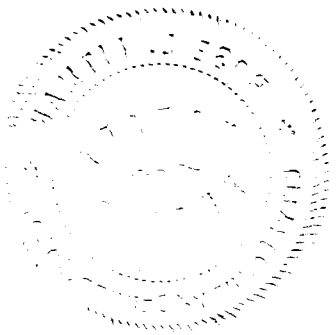
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



X 962-218'042-212 325660

United States
Department of Commerce
Bureau of the Census DEC 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325660
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Hansen
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 0 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Hansen
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Hansen, Idaho

4. FULL NAME OF CHILD Zenda Alzora Robison

5. Date of Birth of Child (Month, day, year) July 18, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Morgan Alonzo Robison
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace New Boston, (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Emma Babcock
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Downs, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for ..... years, and that J. R. Morgan Md. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie E. Robison Signature
Hansen Idaho. P. O. Address

Subscribed and sworn to before me this 17th day of November, 1941
(SEAL) P. Black Notary Public, residing at Twin Falls, Ida
My Commission Expires Jan. 16 1943
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Mabel T. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

12-12-41

269-111-001-255 325664 325664

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325664
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. RFD #2
(d) Name of Hospital or Maternity Home: at parent's home,
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 10 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. RFD #2
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Harold Roberts Sorensen

5. Date of Birth of Child (Month, day, year) Feb. 11, 1912

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd XXX **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John William Roberts
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Bedford, (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha May Beery
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace College Springs, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 29 years, and that Dr. P.L. (First name) Payne (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha May Sorensen Signature
RFD #2, Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of December, 1941.
(SEAL) L. M. Greene Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

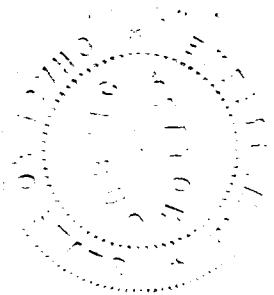
Received for filing on Dec 17-1941 by Mabel F. Geddes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



12-12-41

351-116-002-349 325690

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325690
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs mo. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Kenneth Wayne Leach

5. Date of Birth of Child (Month, day, year) Sept. 16, 1912

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wm Robert Leach
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Blythedale, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Abby Curby
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Wm Robert Leach (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address Star, Ida. Date Dec 15/41

State of Idaho
County of Ada. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 29 years, and that Cora (First name) Ross (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm. Robert Leach Signature

my commission expires 7-17-44 Star Ida P. O. Address

Subscribed and sworn to before me this 15th day of December, 1941

(SEAL) Libyl O. Radcliff Notary Public, residing at Star, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 15-1941 by Mabel T. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1971

12-15-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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+869-218-042819

325751

United States
Department of Commerce
Bureau of Census DEC 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Kimberly, Idaho

3. **RESIDENCE of FATHER** (city, state) Kimberly, Ida.

4. **FULL NAME OF CHILD** Lucy Elizabeth Horsh

5. Date of Birth (Month, day year) Apr. 18, 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Horsh
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Deland, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marcia Lewis Harris
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Adams Co. Illinois (City or town) (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) DEC 12 1941 (Date received) (b) Mabel T. Eccles (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Marcia Lewis Horsh being first duly sworn, say that I am related (Related to (or) acquainted with) Lucy Elizabeth Horsh (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emma Platt (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Marcia Lewis Horsh Signature
Kimberly Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of November, 1941
(SEAL) R. B. Brunk Notary Public, residing at Twin Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12-15-41

DELAYED REGISTRATION LAW

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DECEASED

141-220008 DEC 16 1941 325795

United States 256 (Be sure the information is as of date of birth of THIS child) State File No. 325795
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Arrowrock
(c) Street Address or R.F.D. No. Idaho City St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Arrowrock
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Melva Leona Adamson

5. Date of Birth of Child (Month, day, year) Nov. 20, 1912

6. Sex girl **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Solomon William Adamson
11. Color or Race white **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Near Portland (City or town) Oregon (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Armintha Bell Larson
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace St. Joseph (City or town) Missouri (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 29 years, and that my husband, now deceased (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Formly Adamson — Armintha B. Patrick Signature
Emmett, Idaho (RFD # 1) P. O. Address

Subscribed and sworn to before me this 16th day of December, 19 41
(SEAL) A. R. Chapman Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mabel E. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1941

DELAYED REGISTRATION LAW

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534 117 028 562 325798

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325798
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1136-4th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1136 - 4th
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD Robt. Noble Elder

5. Date of Birth of Child (Month, day, year) Dec. 17, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ROBT. HENRY ELDER
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Marion, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha J. Noble
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Galion Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that John Dwyer, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Henry Elder Signature
1136 - 4th Street P. O. Address

Subscribed and sworn to before me this 12th day of December, 1941

(SEAL) Ariel Miller Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1941

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691-102-014 663

325810

325810

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325810
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 3 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 5½ yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida

4. FULL NAME OF CHILD Eugene Otto Frank

5. Date of Birth of Child (Month, day, year) July 2, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Frank
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace dont know (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Reka Wolf
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Lake County (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 62 years of age, that I have known this person for 29 years, and that Lady (First name) ..... (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Reka. Kellogg. Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of December, 19 41

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 17 - 1941 by Mabel H Eccles, Registrar.

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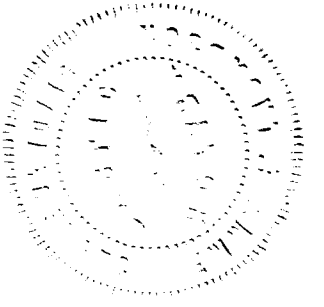
DECEASED



251-202-029-239

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 10 1941

State File No. 325821

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah, Ida. (b) City Garfield Wash.
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Birth at private home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Garfield, Wash.
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.
(f) Mother's mailing address Garfield Wash.

3. RESIDENCE of FATHER (city, state) Garfield, Wash.

4. FULL NAME OF CHILD Edith Jane Beauchamp

5. Date of Birth (Month, day year) July 2, 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Anzely Beauchamp

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Atchison Co. Kans. U.S.A. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Marian Strong

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Riley Co. Kans. U.S.A. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 6.30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Annie Beauchamp (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) DEC 10 1941 (Date received) (b) Mary Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mrs. John Nixon M.D. (D.O., Midwife, etc.)
and address garfield, Wash Date

State of Washington } ss.
County of Clark }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, James Anzely Beauchamp, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edith Jane Beauchamp (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Nixon (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

J A Beauchamp — Signature
Route # 2 Box 880 Camas, Wash. P. O. Address

Subscribed and sworn to before me on this ..... day of December, 19 41

(SEAL) ..... Notary Public, residing at Camas, Washington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-128 042-799

United States
Department of Commerce
Bureau of the Census DEC 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325870
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Birth at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 1½ yrs.
(f) Mother's mailing address Kimberly, Idaho

3. RESIDENCE of FATHER (city, state) Kimberly, Ida

4. FULL NAME OF CHILD James Albert Felton

5. Date of Birth (Month, day, year) May 28, 1912

6. Sex male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Dolph Felton
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Nyssa (City or town) Oregon (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Estella Mae Griffith
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Louisville, Kentucky (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 12 1941 (Date received) (b) Maurice H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Dolph Felton, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Albert Felton (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. R. Morgan M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Dolph Felton Signature
Kimberly, Idaho P.O. Address

Subscribed and sworn to before me on this 13th day of October, 1941

(SEAL) Geo. A. Davison Notary Public, residing at Twin Falls Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1941

DELAYED REGISTRATION LAW

(193[illegible] Session Laws, Chapter [illegible])

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in [illegible] [illegible] by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 363-703 016-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325872
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. Oriental Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Paul Long

5. Date of Birth of Child (Month, day, year) Feb. 3, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Walter Long
11. Color or Race American
12. Age at time of THIS birth 31 yrs.
13. Birthplace Winfield (City or town) Kansas (State or foreign country)
14. Exact Occupation Building Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Bertha Burk
17. Color or Race American
18. Age at time of THIS birth 30 yrs.
19. Birthplace Amazonia (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 29 years, and that Goldie (First name) Teter (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Sarah Bertha Long Signature
Fontana, Calif. P. O. Address

Subscribed and sworn to before me this 15th day of December, 1941

(SEAL) A. E. Edmunds Notary Public, residing at Fontana, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Y 416-207-036-362

325881

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Oneida

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Power~~ (b) City American Falls.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Power~~
(c) City American Falls Oneida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3+ yrs.

3. RESIDENCE OF FATHER (city, state) American Falls, Idaho

4. FULL NAME OF CHILD Eleanor Dawson

5. Date of Birth of Child (Month, day, year) December 7-1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Vernon Dawson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Center Junction, Iowa (City or town) (State or foreign country)
14. Exact Occupation Lumber man
15. ~~Industry~~ or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Anne Cosman
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Home-maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that Dr. Richard F. Noth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora A. Dawson
Mrs. John V. Dawson Signature
1163 - East 4th So. St. Salt Lake City Utah O. Address

Subscribed and sworn to before me this 10 day of December, 1941

(SEAL) Dan B Shields Notary Public, residing at Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1941

JAN 14 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-111 029-454

325940

United States
Department of Commerce
Bureau of the Census

DEC 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325940
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Hampton
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Hampton
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Hampton Idaho

4. FULL NAME OF CHILD Jack Edwin Mowlds

5. Date of Birth of Child (Month, day, year) July 11, 1912

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Cecil Charles Mowlds
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Sprague (City or town) Washington (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Viola Demit
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Vancouver (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 29 years, and that Mrs Wilton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecil Charles Mowlds Signature
6804 N Maryland Ave - Portland Oregon P. O. Address

Subscribed and sworn to before me this 22 day of December, 1941.
(SEAL) Dorothy M Gray Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Comm Expires 10/26/43

Received for filing on DEC 22 1941 by Mabel F Elder, Registrar.

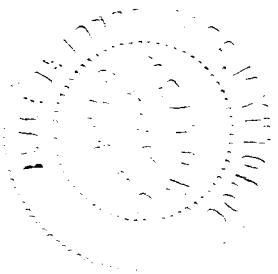
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 2 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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#325941

United States
Department of Commerce
Bureau of the Census

DEC 22 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325941
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years 6 months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address (For registration notice): Nampa Ida
(Street or R.F.D.) No 3 (Postoffice)

3. RESIDENCE OF FATHER (city, state) Nampa Ida

4. FULL NAME OF CHILD William Glenn Hamilton

5. DATE OF BIRTH (Month, day, year) June 9 1912

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Elmer Hamilton

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Carlock (City or Town) Ill (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Richey

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Norwich (City or Town) Ohio (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol argyrol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8 a. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Hamilton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) DEC 22 1941 (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J H Murray M.D. (D.O., Midwife, etc.)
and address Nampa Date Ida

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

DEC 2 2 1941

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

343-107-016-391

325961

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 16 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No. General Del.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Wallace Cutler

5. Date of Birth of Child (Month, day, year) 1-7-1942

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Adelbert Cutler
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Tracy
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 29 years, and that Zilpha Freckleton (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Zilpha Freckleton Signature
3 R.F.D. Blackfoot Ida P. O. Address

Subscribed and sworn to before me this 13 day of Dec, 1941
(SEAL) W E Bills Notary Public, residing at Blackfoot

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Maud F Eeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

918 101 039 764

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child) DEC 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325990
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: On farm
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Rockland, Idaho

3. RESIDENCE of FATHER (city, state) same.

4. FULL NAME OF CHILD Everett Earl Zahrt

5. Date of Birth (Month, day year) Feb. 1, 1912

6. Sex male

7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jay C. Zahrt

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Marengo, (City or town) Iowa (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie May Gould

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Marengo, (City or town) Iowa (State or foreign country)

20. Exact Occupation house-wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% solution silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. J. C. Zahrt (First name) (Last name), who is related to this child as Mother (Mother, etc)

26. (a) DEC 15 1941 (Date received) (b) Maud Fidler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature V. G. Logan M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at.....

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin ~~or guardian~~, or some person having ~~direct~~ knowledge in the premises.

493 205 028 - 266

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325999
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Benewah~~ Kootenai (b) City Tensed
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Benewah~~ Kootenai
(c) City Tensed
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address Tensed, Idaho

3. RESIDENCE of FATHER (city, state) Tensed, Idaho

4. FULL NAME OF CHILD Lora Vinson Ditmore

5. Date of Birth (Month, day year) 2/5/12

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George B. Ditmore
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Murphy, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Alice Boots
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Woodland, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Maud H. Eeifer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Louise B. Bosomworth, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Lora Vinson Ditmore (Name of person on certificate above) as acquaintance and near neighbor (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Grimm (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Louise B. Bosomworth Signature
Everett, Washington. P. O. Address

Subscribed and sworn to before me on this 9th day of December, 1941.
(SEAL) Thos A. Geiger Notary Public, residing at Everett
My Commission Expires July 28. 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
~~Department of Commerce~~
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 12 1941

State File No. 326001
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City
(c) Street Address or R.F.D. No. R F D #1
(d) Name of Hospital or Maternity Home: at Farme Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City
(d) Street Address or R.F.D. No. R F D #1
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Portland Ore

4. FULL NAME OF CHILD Carl Eugene Corum

5. Date of Birth (Month, day year) 6-1-1912

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Glenn Corum
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Garfield Co. Washington (City or town) (State or foreign country)
14. Exact Occupation Freight-Carman
15. Industry or Business S R R R

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lila May Lincoln
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Woods Cross Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) DEC 12 1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Amanda Lincoln, being first duly sworn, say that I am ..... ~~(Related to (or)~~ acquainted with) Carl Eugene Corum (Name of person on certificate above) as Friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Morgan (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Amanda Lincoln Signature
730 3rd W Twin Falls Ida P. O. Address

Subscribed and sworn to before me on this 10th day of Dec, 1941
(SEAL) E. Mayborn Notary Public, residing at Twin Falls Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Clarks Fork
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Clarks Fork
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? [redacted] 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clarks Fork Ida

4. **FULL NAME OF CHILD** LeRoy Quentin Socteber

5. Date of Birth of Child (Month, day, year) 8/25/1912

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Ernest Socteber
11. Color or Race W
12. Age at time of THIS birth 48 yrs.
13. Birthplace Osswego (City or town) New York (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosina Russitka
17. Color or Race W.
18. Age at time of THIS birth 46 yrs.
19. Birthplace Nemics (City or town) Austria (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that Mrs. Nannie Whitcomb (First name) (Last name), who attended this birth is Now deceased (Is now deceased) or (Cannot be located); I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. E. Socteber Signature

914 S. Yakima ave Tacoma Wash. P. O. Address

Subscribed and sworn to before me this 15th day of December, 1941.

(SEAL) H. C. Walker Notary Public, residing at Tacoma, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1941 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

203-223 025-296

United States
Department of Commerce
Bureau of the Census DEC 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 326064
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Rosalia
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Rosalia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Rosalia, Idaho

3. **RESIDENCE OF FATHER** (city, state) Rosalia, Idaho

4. **FULL NAME OF CHILD** IONA HAGER KYLE

5. Date of Birth (Month, day, year) March 23-1912

6. Sex. F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Kyle
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Maple Lane, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Estella Brown
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace Hawley, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) DEC 18 1941 (Date received) (b) Maud Keeler (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Flora Kyle, Iona Hager Kyle (Name of person on certificate above), being first duly sworn, say that I am related to (Related to (or) acquainted with) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the (Name of attendant at birth), who attended said birth, was physician or midwife (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Flora Kyle Name
Route 1 Rosalia, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of December 1941

(SEAL) Notary Public, residing at Grangeville, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 24

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the [illegible] Bureau of Vital Statistics [illegible] Chapter 2, Title 39, Idaho Code Annotated, when such [illegible] by a certificate of the attending [illegible] affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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326085

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD JUNE ELIZABETH SPRAY

5. Date of Birth of Child (Month, day, year) 6/14/12

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** GROVER CLEVELAND SPRAY
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NETTIE EDITH DAVIS
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace Sullivan County, Missouri (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 29 years, and that Dr. (First name) Clark (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Edith Davis Spray Signature

468 Stow Ave., Oakland, Calif. P. O. Address

Subscribed and sworn to before me this 11th day of December, 1941.

(SEAL) Grace E. Miller Notary Public, residing at 373 Hanover Ave. Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1941 by Mabel Heiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 20 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-111-025-793

327140

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 15 1941

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Cottenwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 1 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County U.S.A.
(c) City Cottenwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Richard Edgar Wines

5. Date of Birth (Month, day year) May 11 1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Forest Wines

11. Color or Race White **12.** Age at time of THIS birth 40 yrs.

13. Birthplace Fall Bridge (City or town) (State or foreign country)

14. Exact Occupation Logger

15. Industry or Business Lumbering; in Woods.

MOTHER OF CHILD

16. FULL MAIDEN NAME Evelyn Rosetta Pitt

17. Color or Race White **18.** Age at time of THIS birth 37 yrs.

19. Birthplace Fremont (City or town) Wisconsin (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business In Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~None~~

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9 (c) Born alive and now dead 2 (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Mabel L Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Cowlitz }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Evelyn R. Wines, being first duly sworn, say that I am related to (Related to (or) acquainted with) Richard Edgar Wines (Name of person on certificate above) as his Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Doctor (Name of attendant at birth), who attended said birth name unknown, is dead, (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Evelyn R Wines Signature

RFD #3, Box 628, Kelso, Washington. P. O. Address

Subscribed and sworn to before me on this 11th day of December, 1941.

(SEAL) Lawrence Terry Notary Public, residing at Kelso, Wash.

(My Commission expires May 6th., 1944.)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847-121-030-995

327149

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327144
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days. none
IN **THIS** county 5 years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Salmon, Idaho

3. RESIDENCE of FATHER (city, state) same.

4. FULL NAME OF CHILD Ervin Ellis Higley

5. Date of Birth (Month, day year) 9-21-1912

6. Sex boy

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ellis Ervin Higley

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace Salt Lake (City or town) County Utah (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Ann Rinehart

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)

20. Exact Occupation House wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boricacid Cliveoil

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Mary Higley (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Dr. Hanmer. Deceased. M.D. (D.O., Midwife, etc.)
and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of State of Idaho } ss.
County of Lemhi

I, ~~We~~ Ellis E. Higley & Lucy Ann Higley Jarvis, being first duly sworn, say that ~~I am~~ we are related to (Related to (or) acquainted with) Ervin Ellis Higley (Name of person on certificate above) as Father & Mother of (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. E. Hanmer (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ellis E. Higley & Lucy Ann Higley Jarvis Signature
Challis Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of October 19 42

(SEAL) Una Thompson Notary Public, residing at Mackay

Commission expires 5/21/44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 3 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

645-22-025-796

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327197
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City POCATELLO
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 5 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City POCATELLO
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) POCATELLO, IDAHO

4. FULL NAME OF CHILD EVANGELINE RUTH WUNSCH

5. Date of Birth of Child (Month, day, year) SEPT-21-1912

6. Sex FEMALE **7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM EDGAR WUNSCH
11. Color or Race WHITE **12.** Age at time of THIS birth 33 yrs.
13. Birthplace PAVENNA - MUSKEGON CO. MICH (City or town) (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME BERTHA ROSE LOUISE GROTE WUNSCH
17. Color or Race WHITE **18.** Age at time of THIS birth 25 yrs.
19. Birthplace MONEE - WILL CO. - ILLINOIS (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 4:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by BERTHA (First name) WUNSCH (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California, County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that LENA (First name) BURT (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Rose Louise Wunsch Signature
1952 Lakeshore Ave L.A.-C. P. O. Address

Subscribed and sworn to before me this 2nd. day of Dec., 1941

(SEAL) M. [illegible] Notary Public, residing at LOS ANGELES, CALIF.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) Comm Exp 6/29/1942

Received for filing on DEC 26 1941 by Clyde A. Bridges Acting, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 6 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

514-129.001-469 327332

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327332
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 4 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wallace J. Eames

5. Date of Birth of Child (Month, day, year) March 29, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jake Eames
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Red Cloud (City or town) Nebraska (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leonie Morrow
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Caldwell (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that Dr (First name) Payne (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonie Eames Signature
Rt I Meridian Idaho P. O. Address

Subscribed and sworn to before me this 30 day of December, 1941
(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 30-1941 by Mabel F. Eeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

383-126-042-238

327396

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls. (b) City Twin Falls
(c) Street Address or R.F.D. No. 618-6th Ave. n.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls.
(d) Street Address or R.F.D. No. 618-6th Ave. n.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Glenn Russell Tyler

5. Date of Birth of Child (Month, day, year) Jan. 26-1942

6. Sex male

7. Twin or Triplet

(If so—born 1st, 2nd, 3rd)

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ora Edward Tyler

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Decatur (City or town) Illinois (State or foreign country)

14. Exact Occupation Thresherman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora May Schall.

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Braun Co. (City or town) Illinois (State or foreign country)

20. Exact Occupation Farmer Wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. Two (b) Born alive and now living. Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 29 years, and that Dr. J. R. Morgan (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Nora May Tyler Signature

P. O. Address

Subscribed and sworn to before me this 29 day of December, 1941

(SEAL) E. Bailey Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-11-7042-795

327474

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 26 1941

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County SHOSHONE (b) City MULLAN
(c) Street Address or R.F.D. No. GEN. DEL.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City MULLAN
(d) Street Address or R.F.D. No. GEN- DEL.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address GEN - DEL.

3. RESIDENCE of FATHER (city, state) MULLAN IDAHO

4. FULL NAME OF CHILD LAWRENCE - HENRY - WILLIAMS

5. Date of Birth (Month, day year) AUGUST 17 - 1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 MON.

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** THOMAS - LAWRENCE - WILLIAMS
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace DALTON - ENGLAND (City or town) (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AGNES PRESTON
17. Color or Race WHITE
18. Age at time of THIS birth 40 yrs.
19. Birthplace DALTON ENGLAND (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. Agnes Williams, who is (First name) (Last name)
related to this child as Mother (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature J. W. Rolfe M.D. (D.O., Midwife, etc.)
and address Mullan Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with)
..... as ....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....., who attended
(Name of attendant at birth)
said birth ..... and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1912-9556

689/115042.919 327556

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327556
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 8th Ave., No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 8th Ave. No.
(e) How long has **MOTHER** lived in Idaho? no yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Dodson White

5. Date of Birth of Child (Month, day, year) Mar. 15, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Laun John White
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ollie Frances Raines
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Sacramento } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 29 years, and that Dr. Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ollie Francis White Signature
3325 22nd Ave., Sacramento Calif. P. O. Address

Subscribed and sworn to before me this 29 day of December, 1941

(SEAL) ..... Notary Public, residing at Sacramento, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 7 - 1942 by Mabel H Calder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 5 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report~~ may ~~be~~ received and filed ~~by~~ the local ~~registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-104-014-249

DEC 2 0 1941

327573

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Payette - Canyon
City of Payette - 2 miles North
No. Idaho St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Raymond Terrill Roberts

3. Sex M | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth 1 | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth 8-4-, 1912 (Month, Day, Year)

FATHER

9. Full name William Ray Roberts
10. Residence (usual place of abode) (If non-resident, give place and State) Iowa Lucas Co.,
11. Color or race W | 12. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Clarence, Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck gardening
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓
16. Date (month and year) last engaged in this work 10-1, 1913
17. Total time (years) spent in this work 1 yr

MOTHER

18. Full maiden name Ella Louisa Burley
19. Residence (usual place of abode) (If non-resident, give place and State) Iowa Lucas Co
20. Color or race W | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Wayne County, Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓
25. Date (month and year) last engaged in this work ✓, 19....
26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) -1-
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

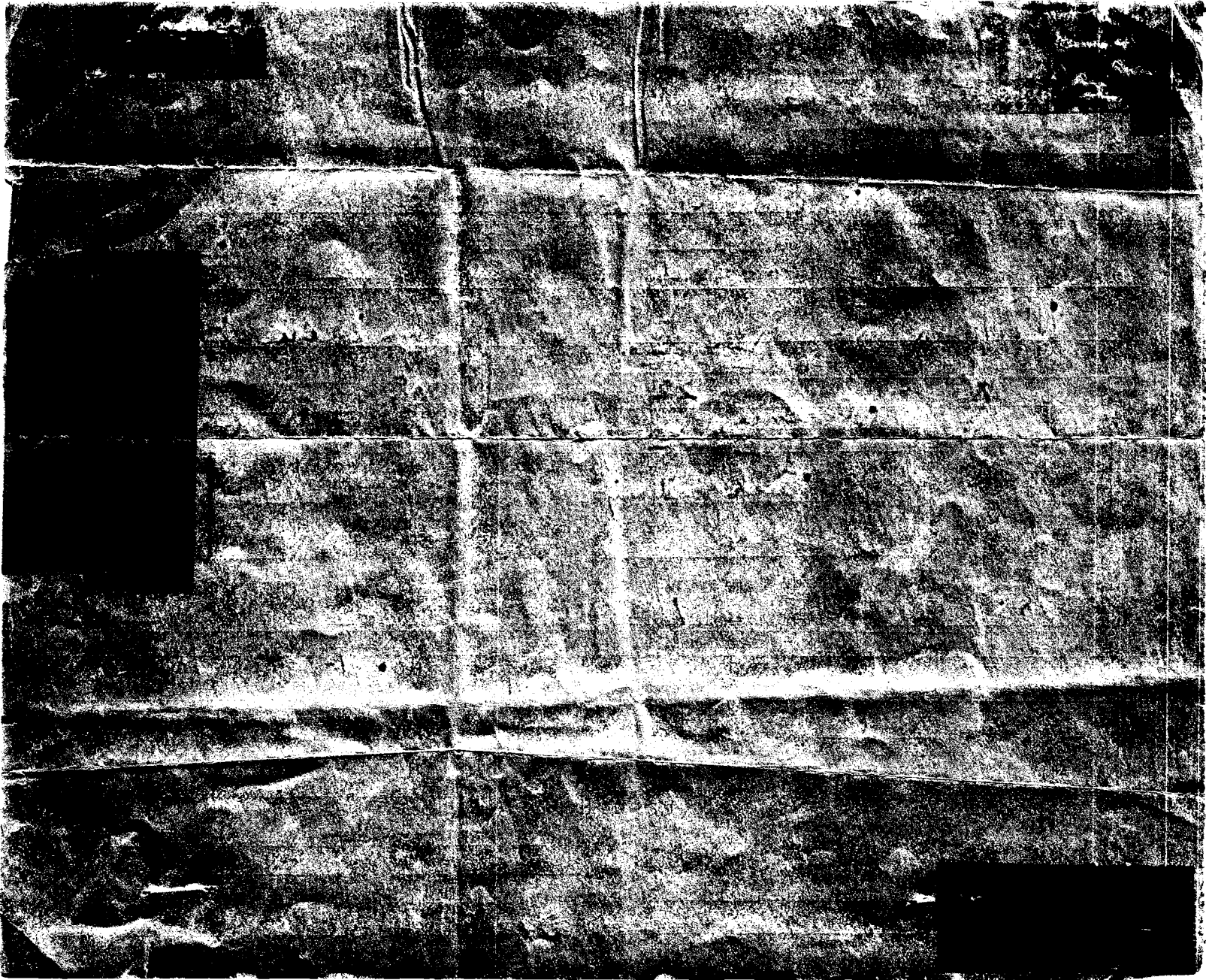
I hereby certify that I attended the birth of this child, who was born alive at 1:A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Edna Hawkins, M. D.
or ....., Midwife
Address Charlton, Iowa
Filed Dec 31 41 193.. Mabel F. Eeder
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



362 104 014 249

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Iowa
County of Lucas } ss.

Ella L. Roberts being first duly sworn says that she is the mother of Raymond Jerrill Robert
(Relationship of child)*

born 8-4-12 at Payette, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Raymond Jerrill Robert hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Edson Hawkins ~~M. D.~~ Midwife was the medical attendant at the birth of said Raymond Jerrill Robert and that the said medical attendant is now deceased - name unknown.
(Now deceased (or) cannot be located)

Name of Affiant Ella L Roberts

P. O. Address

Subscribed and sworn to before me this 10 day of December, 1941

Leo A. Clancy
Notary Public.

Residing at Chariton, Iowa, ~~Idaho~~

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

DEC 31 1941

NOV - 8 1968

635 722029-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327593
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6months yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch

4. FULL NAME OF CHILD Royal Kenneth Fleming

5. Date of Birth of Child (Month, day, year) 9/22/1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert John Fleming
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Kansas (City or town) Jewel county (State or foreign country)
14. Exact Occupation Veterinarian
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Esther Harroun
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Washington, (City or town) Washington Co. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by R. J. Fleming (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Dr. R. J. Fleming M.D. Midwife Address Kettle Falls, Wn., Date 12/20/1941

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 23 1941 by Maud E. Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and~~ uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 855-119-022-413

327642

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Ida

4. FULL NAME OF CHILD Gerald Maynard Hensley

5. Date of Birth of Child (Month, day, year) Sept. 19, 1912

6. Sex male

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 2d

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wm. Hensley
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Bedford, Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Francis Hulda Mathews
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Bath, Illanois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Ist mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 23 years, and that Dr. Eby (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Hulda Mathews Hensley
Signature

Spencer, Idaho
P. O. Address

Subscribed and sworn to before me this 13 day of: Dec, 1941

(SEAL) C. W. Tacky
Notary Public, residing at Spencer, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1941 by Mabel T. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

695 - 117.026 - 557

327676

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City La. Belle
   (c) Street Address or R.F.D. No. R.D. No 2
   (d) Name of Hospital or Maternity Home: Borne at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City La. Belle
   (d) Street Address or R.F.D. No. No 2
   (e) How long has **MOTHER** lived in Idaho? 4 4/12 yrs.

3. **RESIDENCE OF FATHER** (city, state) LaBelle, Ida.

4. **FULL NAME OF CHILD** Ephriam Norman Winter

5. Date of Birth of Child (Month, day, year) Sept 17-1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Winter
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elise Marie Engebretson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace (City or town) Minnesota (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stilborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 28 years, and that Mrs. Sim Saxton (First name) (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Winter Signature

470 Harrison Ave. SLC P. O. Address

Subscribed and sworn to before me this 27th day of December 19 41

(SEAL) Notary Public, residing at 820 West No. Temple Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

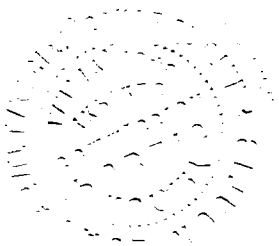
Received for filing on Jan 2- 1942 by Mabel H Keller, Registrar.

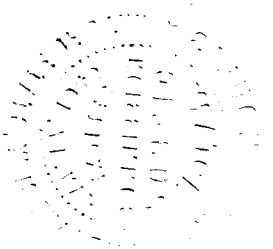
JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





366-102 OS-351

327716

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child) JAN 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327716
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Sweet, Idaho

4. FULL NAME OF CHILD Eugene Victor Cooper

5. Date of Birth of Child (Month, day, year) September 2, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Davis B. Cooper

11. Color or Race white

12. Age at time of THIS birth 50 yrs.

13. Birthplace Hickery County, Missouri (City or town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Dora Clapper

17. Color or Race White

18. Age at time of THIS birth 44 yrs.

19. Birthplace Clyde, Iowa (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Davis B. Cooper (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Davis B Cooper M.D. Midwife Address Emmett, Idaho Date 1/2/42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Mabel H Cooper Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Clearwater

City of Stites

No. ..... St.

(If born in hospital or institution give name.)

DEC 17 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

327740

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Basil Arnie Glidden

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth April 12, 1942 (Month, Day, Year)

FATHER	MOTHER
9. Full name Eugene W. Glidden	18. Full maiden name Leta McGuire
10. Residence (usual place of abode) (If non-resident, give place and State) Stites, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Stites, Idaho
11. Color or race White | 12. Age at last birthday 41 (years)	20. Color or race White | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Minnesota	22. Birthplace (city or place) (State or Country) Kentucky
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Occupied now as farmer, 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..... M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed DEC 17 1941, 193.. Mabel F. Elder
Registrar.

Registrar.

JAN 3

- 739 112-08-437

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Kitsap } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eugene W. Glidden being first duly sworn says that he is is the father (Relationship of child)* of Basil Arnie Glidden born April 12 1912 (Date of birth) at Stites, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Basil Arnie Glidden hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Eugene W. Glidden - Father, M. D., was the Midwife medical attendant at the birth of said Basil Arnie Glidden and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Eugene W Glidden

P. O. Address Silverdale, Wash.

Subscribed and sworn to before me this 5th day of December, 19 41

P E Gordon
Notary Public.

Residing at Silverdale, Wash., Idaho

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JAN 3 1949

396 116 032-386

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 31 1941

State File No. 327777
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents' home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD Raymond Lamont Crothers

5. Date of Birth of Child (Month, day, year) Feb. 16, 1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Delbert Lamont Crothers
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Princeton (City or town), Minnesota (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Susan Thomason
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Harrison (City or town), Arkansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of Jerome }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Mrs Nancy Thomason (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

D. L. Crothers
..... Signature

Jerome, Idaho
..... P. O. Address

Subscribed and sworn to before me this 29th day of December, 19 41

(SEAL) ..... Notary Public, residing at Jerome Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1941 by ..... Registrar.

JAN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133712 EC7 386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327873
Local Reg. No. 186
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. RESIDENCE OF FATHER (city, state) Gannett, Idaho

4. FULL NAME OF CHILD Reuben Allred

5. Date of Birth of Child (Month, day, year) 8-12-1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Allred
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Gunnison (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rinda Thomason
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Boone Co. (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 12M M. on the date and at the place stated above, and that personal particulars were furnished by Rinda Allred (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Lydia Obencham M.D. Midwife Address Ketchum, Idaho Date 12-1-1941

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Obencham Signature
Ketchum, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of December, 1941

(SEAL) ..... Notary Public, residing at Ketchum, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-1-1941 by Robert H. Wright, Registrar.

DEC 26 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792130002895 327930

United States
Department of Commerce JAN 9 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327930
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 3 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Council, Ida.

4. FULL NAME OF CHILD Donald Dewight Gibson

5. Date of Birth of Child (Month, day, year) Aug. 30, 1912

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Loney Gomer Gibson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Jackson County, N. Carolina (City or town) (State or foreign country)
14. Exact Occupation Line-man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Mae Hinkley
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Pollock Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living Twin

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Mae Gibson (First name) Council, Ida. (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Martha Kramer Stephens ~~M.D.~~ Midwife Address Council, Ida. Summit Ida Date Jan 8, 1942 8/30/1912

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Mabel I. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-117-028168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO JAN 5 1942

State File No. 327984
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Near Dudley
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: No (Home Birth)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City near Dudley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Dudley, Ida.

4. FULL NAME OF CHILD Norman Francis Howard

5. Date of Birth of Child (Month, day, year) Jan. 12th. 1912 (1912)

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Jahu Howard
11. Color or Race White
12. Age at time of THIS birth 35Yrs. yrs.
13. Birthplace Near Ava, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Otha Arminta Johnson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Near Ava, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife (On farm)
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not informed.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by *My personal presence (First name) (Last name) who is related to this child as Parents were present at this birth. (Mother, etc.)

25. Attendant's **OWN** signature Elsie L. Johnson M.D. Midwife Witness to Birth. Address R.F.D. #3, Ava, Mo. Date 12-29-41

State of Missouri
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 29 years, and that C. E. Norton, Midwife, whose whereabouts is unknown. Elsie Johnson was present. (First name) (Last name) (Is now deceased) or (Cannot be located) who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[signature] Signature
Ava, Mo. R.F.D. #3 P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941
(SEAL) [signature] Notary Public, residing at Ava, Mo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 0 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-107-014-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328023
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Roswell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 7 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Roswell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) ROSWELL -

4. FULL NAME OF CHILD Harold Burnett Clark

5. Date of Birth of Child (Month, day, year) Oct. 17-1912

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harvey Archibald Clark
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Owatonna (City or town) Minnesota (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie May Stockwell
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Owatonna (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Minnesota
County of Itasca } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 29 years, and that Mrs. John Lund (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie May Clark Simons Signature
413 North 6th Ave West - Grand Rapids - Minn P. O. Address

Subscribed and sworn to before me this 26th day of December 1941

(SEAL) John E. McMahon ~~Notary Public,~~ CLERK OF DISTRICT COURT - ITASCA COUNTY residing at GRAND RAPIDS - MINN.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1941 by Marvel T. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 3 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 4 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Malad Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Earl Lewis Price

5. Date of Birth of Child (Month, day, year) March 27, 1912

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd First

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Josiah Price
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrice Jones
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Portage (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 years, and that Sarah (First name) Hughes (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beatrice Price Signature
Box 597, Malad Idaho P. O. Address

Subscribed and sworn to before me this 27 day of December, 1941

(SEAL) John H. McAllister Notary Public, residing at Malad, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Clerk of the District Court

Received for filing on JAN 2 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED

328087

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Victor
(c) Street Address or R.F.D. No. Chapin Route
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Teton~~ Fremont
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Victor, Idaho

4. FULL NAME OF CHILD Lloyd Woolstenhulme

5. Date of Birth of Child (Month, day, year) June 14, 1912

6. Sex M

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Woolstenhulme
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Camas (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Murphy
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Victor (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:20 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Elizabeth Woolsten/hulme (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Teton } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 29 years, and that Alice Murphy (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Woolstenhulme Signature
Driggs, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of January, 1941.
(SEAL) [illegible] Notary Public, residing at Driggs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by [illegible], Registrar.

DELAYED STAMP ADDED TO CERTIFICATE FACE 12/26/2018
OTHER CHANGE NOT MARKED AMENDED AJT

FEB 9 1959

JAN 24 1942

JUL 9 1964
DEC 26 2018

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or the failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar of record in the Bureau of Vital Statistics for the purposes of registration prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician, midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X JAN 6 1942 363 102 009 415

328101

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328101
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bonners (b) City Morton
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home no days. IN **THIS** county 8 years 7 month 22 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonners
   (c) City Morton
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.
   (f) Mother's mailing address Morton, Idaho

3. **RESIDENCE of FATHER** (city, state) Morton, Idaho

4. **FULL NAME OF CHILD** Martin James Coleman

5. Date of Birth (Month, day year) Sept. 2, 1912

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Michael Coleman
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Eureka (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mollie Malinda Mann
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Eureka (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 6 1942 (Date received) (b) Mabel Keeler (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

State of Washington } ss.
County of Stevens }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mollie Coleman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Martin James Coleman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Deeder (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mollie Coleman Signature

Route 1, Boyds, Washington P. O. Address

Subscribed and sworn to before me on this 2nd day of January, 19 42

(SEAL) John T. Raftis Notary Public, residing at Colville, Washington

NOV 1 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1942 165706036-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328114
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** John Newton Jones
5. Date of Birth of Child (Month, day, year) Jan. 6 1912
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** James Frank Jones
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Kane Co. Utah (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Vivian Crosier
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Mccosta Mich (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Deceased ~~M.D.~~ Midwife Address Date

State of Washington
County of Chelan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ruth Jones Signature
R.1. Wenatchee Wash. P. O. Address

Subscribed and sworn to before me this 3 day of Jan, 1942
(SEAL) Vista Wade Notary Public, residing at Wenatchee
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

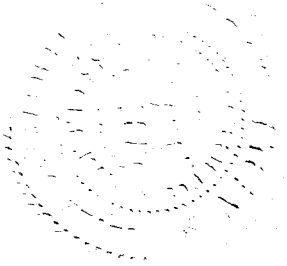
Received for filing on JAN 8 1942 by Mabel F. Elefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



796702-037-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 27 1941

State File No. 328139
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Eugene Groves

5. Date of Birth of Child (Month, day, year) June 2 - 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Ross Groves
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Falk Store, Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Ethel Keefer
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Mountain Home, Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that Doc. BARTLETT (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ross Groves, Signature

P. O. Address

Subscribed and sworn to before me this 26th day of December, 1941

(SEAL) Thos Bureau Notary Public, residing at Emmett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 27 1941 by Mabel F Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 8 1942 313 20 031-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328141
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEWIS (b) City NEZPERCE
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: FAMLEY HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEWIS
(c) City NEZPERCE
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) NEZPERCE, Ida

4. FULL NAME OF CHILD VIRA ELIZABETH CALBREATH

5. Date of Birth of Child (Month, day, year) DEC. 1, 1912

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy NINE 9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** ALVIN C. CALBREATH
11. Color or Race WHITE 12. Age at time of THIS birth 29 yrs.
13. Birthplace Gensee (City or town) Idaho (State or foreign country)
14. Exact Occupation LABOR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** F. JANE CAMPBELL
17. Color or Race WHITE 18. Age at time of THIS birth 24 yrs.
19. Birthplace VERNAL (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alvin C. Calbreath Signature
Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of January, 1942
(SEAL) Perry W. Mitchell Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Mabel F. Eeden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-101020-213

328172

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 10 1942

State File No. 328172
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Smiths Prairie
(c) Street Address or R.F.D. No. - -
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Morgan Davis

5. Date of Birth of Child (Month, day, year) June 1, 1912

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Charles William Davis
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business - -

MOTHER OF CHILD

16. FULL MAIDEN NAME Alveretta Bennett Ball
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 29 years, and that Unknown (First name) (Last name), who attended this birth - - (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oscar Gail Davis Signature

Box 1423 Boise Ida. P. O. Address

Subscribed and sworn to before me this 10 day of January, 19 42.

(SEAL) Walter W. Fisher Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Walter W. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1942 464105 OK-23

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO 328187

State File No. 328187
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ucon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ucon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Ucon, Idaho

4. FULL NAME OF CHILD Ernest Russell Doman

5. Date of Birth of Child (Month, day, year) October 5, 1912

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Doman
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Paxton (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Hannah Oates
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Wanship (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Yes Sirval

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Dr. (First name) Garratt (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Hannah Doman Signature
Box 36 Parma, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of January, 1942.
(SEAL) Thomas L. Lockland Notary Public, residing at Parma Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Mabel H. Feder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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736127 (4) 736

JAN 7 1942

328193

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328193
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 710
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 708 Fremont
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address 708 Fremont

3. RESIDENCE of FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Frederick James Plowhead

5. Date of Birth (Month, day year) May 27, 1942

6. Sex boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Jacob Plowhead
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Middletown (City or town) Idaho (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Horn Plowhead
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Brownville (City or town) Mich. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Ella Horn Plowhead (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 7 1942 (Date received) (b) Mabel F. Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature S. J. Miller M.D. (D.O., Midwife, etc.)
and address Long Beach Calif Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this 25th day of August, 1941 by S. J. Miller, M. D.
(SEAL) Mabel C. Berry Notary Public, residing at Long Beach, Calif

My Commission Expires Jan. 24, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home resident
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Melvin Dexter Moore

5. Date of Birth of Child (Month, day, year) May 18, 1912

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel E Moore
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Republic City (City or town) Kansas (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Millie E ROSE Rose
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Beaver (City or town) Utah (State or foreign country)
20. Exact Occupation house keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of ADAMS } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 37 years, and that Dr (First name) JOHNSON (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel E Moore Signature
Indian Valley Idaho P. O. Address

Subscribed and sworn to before me this 6 day of Jan, 1942
(SEAL) P H Ware Notary Public, residing at Indian Valley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 1912-7655

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328246
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idah o Falls
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home None days.
IN **THIS** county X years Ten month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Idaho
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Rigby, Idaho

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Emery Emerson Hall

5. Date of Birth (Month, day year) Jan. 15, 1912

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emery Jay Hall
11. Color or Race White 12. Age at time of THIS birth 54 yrs.
13. Birthplace Lamont (City or town) Michigan (State or foreign country)
14. Exact Occupation Mail Carrier
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Sarah Douglass Hall
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Smithfield, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~None~~ Argyrol 20%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Annie Sarah Hall (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) JAN 14 1942 (Date received) (b) Mabel Y Eccles (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's **OWN** signature John O. Mellor M.D. (D.O., Midwife, etc.) and address Idaho Falls Date Jan 20, 1942

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-119-007 JAN 2 1942

United States 819
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328255
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hill City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hill City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lloyd Wallace Howard

5. Date of Birth of Child (Month, day, year) April 19, 1912.

6. Sex male

7. Twin ~~Triplet~~ If so—born ~~1st, 2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Jasper Howard
11. Color or Race wht
12. Age at time of THIS birth 50 yrs.
13. Birthplace Jonesville, Indiana (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Belle Harrison
17. Color or Race wht
18. Age at time of THIS birth 31 yrs.
19. Birthplace --- Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum used but name unknown
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Camas, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 29 years, and that Dorcas Skyles (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jasper Howard Signature
Fairfield, Idaho. P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941.

(SEAL) [signature] Notary Public, residing at Fairfield, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 3 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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866 719 007 JAN 2 1942

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328256
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hill City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hill City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Floyd Wayne Howard

5. Date of Birth of Child (Month, day, year) April 19, 1912

6. Sex male

7. Twin ~~Triplet~~ If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jasper Howard
11. Color or Race wht
12. Age at time of THIS birth 50 yrs.
13. Birthplace Jonesville, Indiana (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Belle Harrison
17. Color or Race wht
18. Age at time of THIS birth 31 yrs.
19. Birthplace ------, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum used but name unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Camas, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 29 years, and that Dorcas (First name) Skyles (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jasper Howard Signature
Fairfield, Idaho. P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941

(SEAL) Chas. L. Scoggin Notary Public, residing at Fairfield, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 31 1941

State File No. 328258
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH Kootenai
(a) County ~~Benewah~~ (b) City Plummer
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Benewah~~ Kootenai
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? one yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Roy Kenneth ~~Roy~~ Puckett

5. Date of Birth (Month, day, year) 5-25-'12

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 6th 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Henry Woodson Puckett	16. FULL MAIDEN NAME Elizabeth McGahan
11. Color or Race white 12. Age at time of THIS birth ~~31~~ 33 yrs.	17. Color or Race white 18. Age at time of THIS birth 31 yrs.
13. Birthplace ~~Plumm~~ Kentucky (City or town) (State or foreign country)	19. Birthplace ~~Mmm~~ Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer	20. Exact Occupation housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead one (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth McG. Puckett (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) DEC 31 1941 (Date received) (b) Mabel Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Elizabeth Puckett M.D. and address Hayden Lake, Idaho Mother (Mother, wife, etc.) Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth McG Puckett being first duly sworn, say that I am related to (Related to (or) acquainted with) Roy Kenneth ~~-mother~~ ~~Roy~~ Puckett as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Puckett Signature

Hayden Lake, Idaho P. O. Address

Subscribed and sworn to before me on this ..... day of SEP 22 1941

(SEAL) [signature] Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 3 1941

State File No. 328275
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County FREMONT (b) City CHESTER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City CHESTER
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 51 yrs.
(f) Mother's mailing address EMMETT-IDA

3. RESIDENCE of FATHER (city, state) EMMETT. IDA

4. FULL NAME OF CHILD MAURICE FLOYD [redacted]

5. Date of Birth (Month, day, year) APRIL 25 1912

6. Sex MALE

7. Twin or Triplet

8. No. months of Pregnancy 8

9. Legitimate?

FATHER OF CHILD

10. FULL NAME ORVILLE C. GODFREY
11. Color or Race WHITE
12. Age at time of THIS birth ..... yrs.
13. Birthplace NORTH OGDEN, UTAH (City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ELIZABETH THOMPSON
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace WILFORD IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 31 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of GEM

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MARY ELIZABETH Godfrey, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) MAURICE FLOYD Godfrey (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS DANIEL BROWN (Name of attendant at birth), who attended said birth IS DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature
Emmett Idaho
P. O. Address

Subscribed and sworn to before me on this 27th day of December 1941

(SEAL) [signature] Notary Public, residing at Emmett Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 23 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Murtaugh
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at her own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Murtaugh
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 1926 yrs.

3. RESIDENCE OF FATHER (city, state) Murtaugh Idaho

4. FULL NAME OF CHILD Thomas Jefferson Dunlap

5. Date of Birth of Child (Month, day, year) Nov. 11, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Joseph Dunlap
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace West Sunbury (City or town) Penna (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Belle Russell
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Unknown (City or town) Ohio (State or foreign country)
20. Exact Occupation Farmer's wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at 4 A M. on the date (Born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mrs Ellen Rose M.D. Midwife Address Murtaugh Ida Date 12-20-1941

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all his life years, and that Mrs Ellen Rose (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

2-6-1943

Harry Joseph Dunlap Signature

P. O. Address

Subscribed and sworn to before me this 20 day of Dec, 1941.

(SEAL) F. A. Wachholz Notary Public, residing at Murtaugh Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3014, Idaho Code Annotated.)

Received for filing on DEC 23 1941 by Mabel H. Gelder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1942

312-20-5044-293

328287

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328287
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No. R.F.D. # unknown
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council, Odaho

4. **FULL NAME OF CHILD** Margaret Luella Lakey

5. Date of Birth of Child (Month, day, year) Feb. 5, 1912

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Loranzo Lakey
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Weston, Oregon (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Elma Kitselman
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Charlton, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that Dora Hanson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ruth Lakey Signature

Drain, Oregon P. O. Address

Subscribed and sworn to before me this 19 day of December, 19 41.

(SEAL) Lou E. Appleget Notary Public, residing at Drain, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES MAY 20 1944

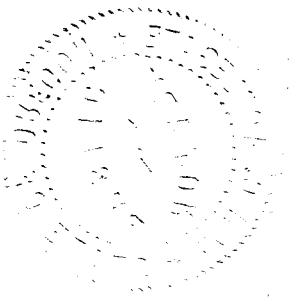
Received for filing on JAN 3 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328325
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. R.F.D. Route 1.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 5 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene, Idaho
(d) Street Address or R.F.D. No. R.F.D. Route 1.
(e) How long has **MOTHER** lived in Idaho? 17 Yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Ida.

4. FULL NAME OF CHILD MATT HARVEY MOSHINSKY

5. Date of Birth of Child (Month, day, year) June 8, 1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy NINE

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME MATT JAMES MOSHINSKY
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace FREMONT (City or town) Ohio (State or foreign country)
14. Exact Occupation LABORER.
15. Industry or Business LUMBERING

MOTHER OF CHILD

16. FULL MAIDEN NAME ELLEN GRACE SWOFFORD
17. Color or Race WHITE
18. Age at time of THIS birth 17 Yrs. yrs.
19. Birthplace Coeur d'Alene (City or town) Idaho (State or foreign country)
20. Exact Occupation Home Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Powder

23. Number of children of this mother: (a) At time of birth and including this child ONE. (b) Born alive and now living TWO.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11:40 A.M. on the date and at the place stated above, and that personal particulars were furnished by ELLEN (First name) MOSHINSKY (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Benewah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 29½ years, and that Poland (First name) (Last name), who attended this birth, Cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Grace Moshinsky Signature
St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of December, 1941.
(SEAL) Ray A. Bowen Notary Public, residing at St Maries Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

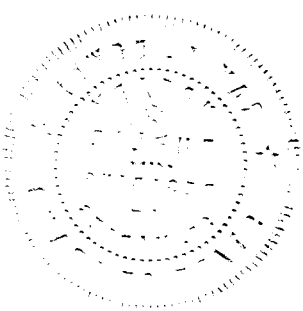
Received for filing on Jan 13 - 1942 by Mabel Keller, Registrar.

JAN 23 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 13 1982

JAN 10 1942

328350

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City St Maries
(c) Street Address or R.F.D. No. [illegible]
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City St Maries Idaho
(d) Street Address or R.F.D. No. Capital Ave
(e) How long has **MOTHER** lived in Idaho? 5 Yrs. yrs.

3. RESIDENCE OF FATHER (city, state) St Maries Ida.

4. FULL NAME OF CHILD Ingard Gertrude Grotte

5. Date of Birth of Child (Month, day, year) Aug 21 - 1912

6. Sex F **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Grotte
11. Color or Race W **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Hamburg (City or town) Germany (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building Houses

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Dahuty
17. Color or Race W **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Hamburg (City or town) Germany (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol Drops

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Grotte (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edward D. Platt M.D. ~~Midwife~~ Address St Maries, Ida Date 1-6-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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S44719 526-459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328433
Local Reg. No. 230
Reg. Dist. No. 642

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Lorenzo
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lorenzo
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 9 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD GEORGE WILLIAM EDDINS

5. Date of Birth of Child (Month, day, year) Oct. 19, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George William Eddins
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Sandy, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Meiklejohn.
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Tooele, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 12:15A M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Eddins (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for life years, and that Elizabeth Meiklejohn (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Eddins Signature
Lorenzo Idaho P. O. Address

Subscribed and sworn to before me this 31 day of December, 1941
(SEAL) Joshua Pence C. A. Attorney Notary Public, residing at Rigby Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 31 1941 by Mrs A B Eckersell, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

328494

328494

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328494
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Lyle Clarence Tolman

5. Date of Birth of Child (Month, day, year) Nov. 1, 1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Chester, H. Tolman
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Chesterfield, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy, Caroline Hurst
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Duffer (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8, A. M. on the date and at the place stated above, and that personal particulars were furnished by Nancy J. Hurst (First name) (Last name), who is related to this child as grandmother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Bellevue, Ida. Date Jan. 14, 1942

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that Nancy J. Hurst (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Caroline Tolman Signature
Carey Idaho P. O. Address

Subscribed and sworn to before me this 14 day of January, 1942

(SEAL) W. J. Adamson Notary Public, residing at Carey Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 16 - 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 113 109 028-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328554
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Ida.

4. FULL NAME OF CHILD John Joseph Jacobson

5. Date of Birth of Child (Month, day, year) July 9, 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mat Jacobson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Austria Hungary (City or town) (State or foreign country)
14. Exact Occupation Sawmill
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Kulikowski
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Budapest Hungary (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -------

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 29 years, and that Mrs. Woods (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Julia + Jacobson Signature
Her mark P. O. Address

Subscribed and sworn to before me this 10th day of January, 1942

(SEAL) M. Franksen Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel F. Elefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942 815-110-002-659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328564
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: my home on North Hornet Rand.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 5 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Albert Nelson Hanson

5. Date of Birth of Child (Month, day, year) Aug 10-1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nelson Hanson
11. Color ~~or Race~~ White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Council (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Bly Ferrell
17. Color ~~or Race~~ White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 31 years, and that Lucy Vinland (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Bly Hanson Signature
New Plymouth Idaho P. O. Address

Subscribed and sworn to before me this 9 day of January 1942

(SEAL) [signature] Notary Public, residing at New Plymouth Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Maurice F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 7 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942 366-13-006-685

328683

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No. -----
(d) Name of Hospital or Maternity Home: Own Residence
(e) Mother's stay **BEFORE** delivery: Born in U. S. IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Moreland
(d) Street Address or R.F.D. No. -----
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Devar W. Lowe

5. Date of Birth of Child (Month, day, year) 3-31-1912

6. Sex Male.

7. Twin or Triplet ----

If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME James LeRoy D. Lowe
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Franklin, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Melissa Wheeler
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Collingston, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for all his life years, and that Mrs. Elnora Hammond (First name) mid-wife (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James LeRoy D. Lowe Signature

Pocatello, Idaho, R.F.D.#1, North P. O. Address

Subscribed and sworn to before me this 9th day of January, 19 42.

(SEAL) Fred J. Turner Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. expires Oct. 15, 1944.

Received for filing on JAN 10 1942 by Maud E. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437 713 025-392

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328742
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 6 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville; Idaho

4. **FULL NAME OF CHILD** Marion Edward McPherson

5. Date of Birth of Child (Month, day, year) December 13, 1912

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John E McPherson
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Missouri (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy G Lister
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 29 years, and that John E. McPherson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie E. Chamberlin Signature

P. O. Address

Subscribed and sworn to before me this 13th day of January, 19 42.

(SEAL) Opal Jesse Notary Public, residing at Grangeville, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Marion H Ellison, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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955-222-040 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328743
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City
(c) Street Address or R.F.D. No. Gem Idaho
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Black Bear
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) 9

4. FULL NAME OF CHILD Demarease Marcil Iverson

5. Date of Birth of Child (Month, day, year) October 22 1942

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Truman Oroville Iverson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Livingston (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Running compressor at mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Clara Smith
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Mifflin (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Stayed at home
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% argyrol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Della (First name) Iverson (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Chas. R. Mowry M.D. ~~Midwife~~ Address Spokane Wn Date 1-1-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mabel T. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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449 116-003-791

328744

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Harry Castle Durand

5. Date of Birth of Child (Month, day, year) May 16. 1912

6. Sex Male

7. Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bertrand Arthur Durand
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Buffalo (City or town) New York (State or foreign country)
14. Exact Occupation Mail Carrier U.S.
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Grass
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Helena (City or town) Montana (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 27 years, and that Dr. H. C. Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mabel Durand Signature
Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942
(SEAL) Francis J. Long Probate Judge ~~Notary Public~~, residing at Sandpoint, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mabel H. Eleffer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

651-231-029-295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 14 1942

State File No. 328753
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No. rural
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Juliaetta, Ida.

4. FULL NAME OF CHILD Bernadine Macy Weatherby

5. Date of Birth of Child (Month, day, year) Oct., 31st, 1912

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mos Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Andrew Weatherby
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Asotan (City or town) Washington (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Medora King
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace Burke's Garden (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that Sarah Jane Weatherby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas A. Weatherby Signature
Vale, Oregon P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942
(SEAL) Percy Curvis Notary Public, residing at Vale, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Com. expires 1-2-45

Received for filing on JAN 14 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-229-028-459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328822
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No. 411 Park Drive
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene, Idaho
(d) Street Address or R.F.D. No. 411 Park Drive
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d' Alene Idaho

4. FULL NAME OF CHILD Lorraine MaeBelle Haraldson

5. Date of Birth of Child (Month, day, year) Dec. 29, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Myron Haraldson
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Parish, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Trucker
15. Industry or Business Merchant's Transfer Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leana Almira DeRoshia
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Cheboygan, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 29 years, and that Dr. Holden (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Leana Almira Haraldson Signature
Route 4 Box 244 Salem Ore P. O. Address

Subscribed and sworn to before me this Twelfth day of January, 1942
(SEAL) Eugene H Kirk Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary F Elder, Registrar.

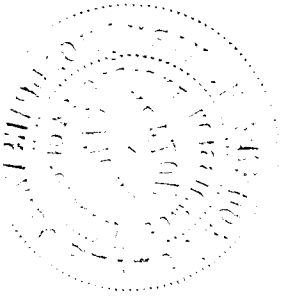
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



915-125-0240-841

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 10 1942

State File No. 328888
Local Reg. No. 179
Reg. Dist. No. 141

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Shoshone (b) City Black Cloud
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City Black Cloud
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.
   (f) Mother's mailing address (For registration notice):
   P.O. Box 648 (Street or R. F. D.) Wallace Ida (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Abram Zanetti

5. Date of Birth (Month, day, year) January 25 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Pete Zanetti
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Brescia (City or Town) Italy (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Quatini
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Brescia (City or Town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7
    (c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1 P M. on the date and at the place stated above, and that personal particulars were furnished by Irene Zanetti (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Jan-3-42 (Date received) (b) John A Beer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Mrs Alice McGaree ~~M.D.~~ (~~D.O.~~, Midwife, ~~etc.~~)
and address Wallace Idaho Date Dec 30

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

APR 23 1959

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

X 745-129-025-818 328914

328914

JAN 6 1942

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Puyallup Wash.

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Fred Forrest Gunter

5. Date of Birth (Month, day year) Dec. 29, 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Morton Gunter
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Mansville (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Mae Hayes
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Cloma (City or town) Carroll Co Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10 (c) Born alive and now dead 2 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) JAN 6 1942 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Wash } ss.
County of King }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Inez Sanford, being first duly sworn, say that I am Related (Related to (or) acquainted with) Fred Forrest Gunter (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Adamson (Name of attendant at birth), who attended said birth is Now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Inez Sanford Signature
R1 Box 869 Auburn Wn P. O. Address

Subscribed and sworn to before me on this 3 day of Jan 1942
(SEAL) [illegible] Notary Public, residing at Auburn

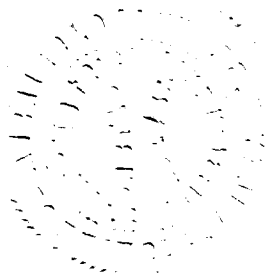
se only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certifi-
te in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge
r filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



753-105-008-513 328919

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328919
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Brownlee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Brownlee
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Brownlee, Idaho

4. FULL NAME OF CHILD Donald Gilbert Peck

5. Date of Birth of Child (Month, day, year) June 5-1912

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gilbert Isaac Peck
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Topeka (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ida Eaton
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Landon (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Gem }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that Mrs. Green (First name) (Last name), who attended this birth as now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Sarah Peck Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of January, 1942.
(SEAL) Caroline A. Douglas Notary Public, residing at Emmett Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by ..... Registrar.

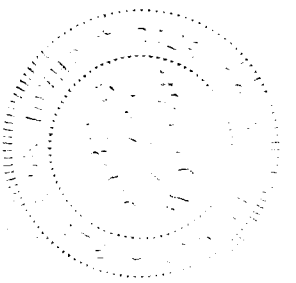
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



293-203 D14-313

328948 328948

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 21 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None. born at the family home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years six months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida

4. FULL NAME OF CHILD Verna Sylvia Silbaugh

5. Date of Birth of Child (Month, day, year) June 3, 1912.

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Emmitt Silbaugh
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Rruceton Mills, West Virginia (City or town) (State or foreign country)
14. Exact Occupation Contractor and builder
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Lila Mary Caldwell
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Albion, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lila Mary Silbaugh (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature Hala A. Caldwell M. Midwife Address Seattle, Wash. Date Jan. 19, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

JAN 21 1942

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 12-686Z

DUP of 1911 6860

652-129-016-514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO JAN 15 1942

State File No. 328965
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CASSIA (b) City BURLEY
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CASSIA
   (c) City ALMO
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) ALMO IDAHO.

4. **FULL NAME OF CHILD** GRANT WARREN WEBB

5. Date of Birth of Child (Month, day, year) 5-29-1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** GRANT WARREN WEBB.
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Woodruff (City or town) ARIZONA (State or foreign country)
14. Exact Occupation CARPENTER & FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** KATHERINE PERMELIA FAMES
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace ALMO (City or town) IDAHO (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of CALIFORNIA } ss.
County of LOS ANGELES }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that ANNIE GREEN (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Permelia Webb. Signature
1637 No Mariposa, P. O. Address

Subscribed and sworn to before me this 13 day of JANUARY, 19 42

(SEAL) Eugene E. Hahl Notary Public, residing at Los Angeles Co.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Aug. 13, 1945.

Received for filing on JAN 15 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 19

MAR 1 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-223-035-655

JAN 12 1942

328971

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nezperce (b) City Waha
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Waha
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Waha, Idaho

3. RESIDENCE of FATHER (city, state) Waha, Ida.

4. FULL NAME OF CHILD Leona Estella Clark

5. Date of Birth (Month, day year) Feb. 23, 1912

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Clark

11. Color or Race White **12.** Age at time of THIS birth 30 yrs.

13. Birthplace Pullman Wn. Whitman Co.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Emelia Weeks

17. Color or Race White **18.** Age at time of THIS birth 28 yrs.

19. Birthplace near Troy Idaho
(City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1:00 A.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Fred Clark, who is
(First name) (Last name)
related to this child as Father.
(Mother, etc.)

26. (a) JAN 12 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Fred Clark, M.D.
(D.O., Midwife, etc.)
and address Waha Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am .....
(Related to (or) acquainted with)
..... as ....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....., who attended
(Name of attendant at birth)
said birth ..... and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A 235-228-016-291

328977

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Moulton
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 30 years 11 month 22 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Moulton
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address Moulton, Idaho

3. RESIDENCE of FATHER (city, state) Moulton, Ida.

4. FULL NAME OF CHILD Helen Stevenson

5. Date of Birth (Month, day year) December 28, 1912

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Alonzo Stevenson

11. Color or Race White

12. Age at time of THIS birth 62 yrs.

13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Pheba Elizabeth Brackenbury

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Promontory, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6 (c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 13 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of OREGON
County of MULTNOMAH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Pheba Elizabeth Stevenson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Stevenson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Brackenbury (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Pheba Elizabeth Stevenson Signature
1874 S. W. 4th Avenue, Portland, Oregon P. O. Address

Notary Public for Oregon
My commission expires Aug. 26, 1944

Subscribed and sworn to before me on this 3rd day of January, 1942.

(SEAL) Ruth A. Rising Notary Public, residing at Portland, Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-22-022-239

328996

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JAN 13 1942 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. R. F. D. #1
   (d) Name of Hospital or Maternity Home: Home of Albert J. Thompson
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 2 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No. R. F. D. #1
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony Idaho

4. **FULL NAME OF CHILD** Beatrice Verda Thompson

5. Date of Birth of Child (Month, day, year) July 26 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Jardine Thompson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace West Weber (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Carpet Weaver

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Stimpson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace South Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Seamstress

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Mrs. Belle Johnson (midwife) (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Rebecca S. Thompson Signature
R. F. D. #1 St. Anthony Idaho P. O. Address

Subscribed and sworn to before me this 10th day of January, 1942

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by ____ Registrar.

SEP 13 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

888-111-022-418 329053

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329053
Local Reg. No.
Reg. Dist. No.

JAN 21 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vurle D. Hendricks

5. Date of Birth of Child (Month, day, year) Aug 11 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew Hendricks
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Swan Lake Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rettie Dayley
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Oakley Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Rettie Hendricks (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of IDAHO, County of FRANKLIN } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for all life years, and that Mrs (First name) Cunningham (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rettie D Hendricks. Signature

PRESTON, IDAHO. P. O. Address

Subscribed and sworn to before me this 19th day of January, 19 42.

(SEAL) Notary Public, residing at Preston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by Maud H Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requiring an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356 109-037-168 330362

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330362
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Nevada (b) County Owyhee
(c) City Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 3 yrs.

3. RESIDENCE OF FATHER (city, state) Hot Springs

4. FULL NAME OF CHILD Leo Clark Lewis

5. Date of Birth of Child (Month, day, year) 2/29/12

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Franklin Lewis
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Lowell Arkansas (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Johnston
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Shermans Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and ~~now living~~ 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Nevada } ss.
County of Elko }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that Sarah Johnston (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Elizabeth Lewis Signature

Gold Twin, Nevada P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942

(SEAL) Notarial Justice of the Peace Notary Public, residing at Mt. City, Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-714, Idaho Code Annotated.)

MY COMMISSION EXPIRES JAN. 18, 1945

Received for filing on JAN 27 1942 by ..... Registrar.

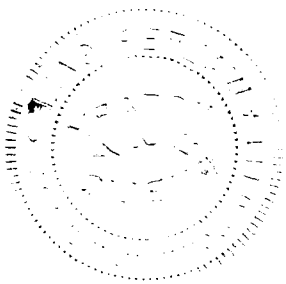
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



165-103-005-815

330382

JAN 27 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330382
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Ferdinand
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 10 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Ferdinand, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ferdinand, Idaho

4. **FULL NAME OF CHILD** RALPH JOSEPH JONES

5. Date of Birth of Child (Month, day, year) 7-3-12

6. Sex MALE

7. Twin or Triplet

If so—born ~~1st~~, 2nd, ~~3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** BERT ASUTIN JONES
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Palouse, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ROSE ANN HANSES
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Westphalia, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 29 years, and that Dr. (First name) Truett (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leo A Hanses
Signature

5th & Garden Aye. - Route 2 Boise, Idaho
P. O. Address

Subscribed and sworn to before me this 27 day of January, 1942

(SEAL) H. B. Day
Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-11-025 JAN 27 1942 330383

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330383
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City
(c) Street Address or R.F.D. No. Roseberry
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Roseberry, Ida.

4. FULL NAME OF CHILD Ellis Daniel Points

5. Date of Birth of Child (Month, day, year) 11 day Oct. 1912

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Silas Daniel Points
11. Color or Race white **12.** Age at time of THIS birth yrs.
13. Birthplace Oregon (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Rose Phillips
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Canada (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 29 years, and that (First name) Midwife in attendance (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs S D Points Signature
Route #2, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942
(SEAL) Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Mabel E. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

741-106-006-816

330400

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

JAN 28 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330400
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot Ida.

4. FULL NAME OF CHILD Wardie Earl Graham

5. Date of Birth of Child (Month, day, year) Oct 6 1912

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Simon Peter Graham
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Julian (City or town) Nebr. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucetta [illegible]ins
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Smith Center (City or town) Kans. (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by Lucetta Graham (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for life years, and that Dr Bryant (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucetta Graham Signature
2308 N. Liberty P. O. Address

Subscribed and sworn to before me this 27 day of January, 1942.
(SEAL) J. S. Bundell Notary Public, residing at Emmett Idaho

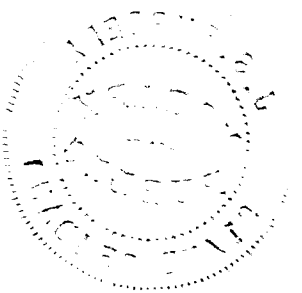
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by [illegible], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



365-119-009-466

330439

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 24 1942

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Eagle
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital or Maternity Home:
   .....
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State..... (b) County.....
   (c) City .....
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho?.....yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Sidney Pigdon Connett

5. Date of Birth of Child (Month, day, year) Dec. 19, 1912

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Louis Jasper Connett
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Modoc Co. (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Sane

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Edwina Moore
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Sidney (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Nettie Edwina Connett (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Phoebe E. Turnbull M.D. Midwife Address Eagle, Ida. Date Jan. 16 '41

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 30 years, and that Phoebe E. Turnbull (First name) (Last name), who attended this birth, is Alive (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Edwina Moore Connett Signature

Eagle, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of January, 19 42

(SEAL) Francis J. Long Notary Public residing at Eagle, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mary E. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 958-201-025-395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330440
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Hazel Bertha Marie Reynolds

5. Date of Birth of Child (Month, day, year) Jan. 1, 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harley Reynolds
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Springfield (City or town), Missouri (State or foreign country)
14. Exact Occupation truck driver
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sidona Marie Louise Tiede
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Seward (City or town), Nebraska (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. ~~Number~~ of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington } ss.
County of Chelan }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years, and that Bertha Tiede (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sidona Tiede Reynolds Signature

Osoyoos, Wash. P. O. Address

Subscribed and sworn to before me this 17th. day of January, 19 42

(SEAL) John A. Douglass Notary Public, residing at Wenatchee, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mark Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

28-217-030-653

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 15 1942

State File No. 330483
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Shanafelt Ranch At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 54 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon Idaho

4. **FULL NAME OF CHILD** Mildred Leona Shanafelt

5. Date of Birth of Child (Month, day, year) March 17 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Herbert Shanafelt
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer and Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel E. Wells
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Woodruff (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife and seamstress
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for ~~XX~~ 29 years, and that Mrs. Ada Wells (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Shanafelt Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 19 42

(SEAL) Kenneth O. McBride Notary Public, residing at Salmon, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

283-114-009-253

330493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 19 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Kootenai
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Kootenai
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kootenai, Idaho

4. **FULL NAME OF CHILD** Samuel Michael Kyllo

5. Date of Birth of Child (Month, day, year) Jan. 16, 1942

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** OLAF Kyllo
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace CHRISTIANA NORWAY (City or town) (State or foreign country)
14. Exact Occupation Rail Roader
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrice Bell
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace McCAMMON Idaho (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 14

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington } ss.
County of Stevens }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that Alina Kyllo (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs B Kyllo Signature

Kettle Falls Wash. P. O. Address

Subscribed and sworn to before me this 16th day of January, 1942

(SEAL) Kenneth Evans Notary Public, residing at Kettle Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mary F Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X-313-118-001-893

330641

United States
Department of Commerce
Bureau of the Census

JAN 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 31 first & BANOCK
(d) Name of Hospital or Maternity Home: in residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9½ years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. 31 first & BANOCK
(e) How long has **MOTHER** lived in Idaho? 9½ yrs.

3. RESIDENCE OF FATHER (city, state) BOISE IDAHO

4. FULL NAME OF CHILD HORACE EVERETT CALDWELL

5. Date of Birth of Child (Month, day, year) FEB 18, 1912

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CLARENCE GLENN CALDWELL
11. Color or Race WHITE
12. Age at time of THIS birth 25 9 mo yrs.
13. Birthplace LEWISBURG (City or town) IOWA (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAY-BELL HILL
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace FARGO SPRINGS (City or town) KANSAS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother and father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for ..... years, and that Dr TITUS (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Bell Caldwell
Clarence Glenn Caldwell Signature
R D #2 Box 134 Portland Oreg P. O. Address

Subscribed and sworn to before me this 26 day of January, 1942

(SEAL) M N Omizich Notary Public, residing at 9024 N. Jersey St.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

my commission expires Sept 17 1944

Received for filing on JAN 24 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

458-130-028-238 330656

330656

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Route 2 #
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 38 years 4 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Route 2 #
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Route 2 Idaho

4. FULL NAME OF CHILD Francis Raymond Meyers

5. Date of Birth of Child (Month, day, year) 3/30/12

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Meyers
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Alsace Lorraine France (City or town) (State or foreign country)
14. Exact Occupation Janitor at time
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Schick
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ~~Illinois~~ Illinois
County of Cook } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 30 years, and that Dr. Dwyer (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Butzen Signature
1223 S. 49 Ct. Cicero Ill. P. O. Address

Subscribed and sworn to before me this 21st day of January, 1942

(SEAL) Anthony P. Zukus Notary Public, residing at 1802 So 48th Ct Cicero Ill

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1942

SEP 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and~~ filed ~~by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-208-025-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330721
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Canfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years / months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Canfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Effie Ruth Taylor

5. Date of Birth of Child (Month, day, year) Nov 8. 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Thompson Taylor
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Portland Oregon (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Earnestine Canaan
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Freport Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at Canfield M. on the date and at the place stated above, and that personal particulars were furnished by Lillie E. Taylor (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Dr W. A. Foskett M.D. Midwife Address diseased Date 1923

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Dr W. A. Foskett (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie E. Taylor Signature
White Bird Idaho P. O. Address

Subscribed and sworn to before me this 12 day of January, 1942.
(SEAL) Marie C. Shenck Notary Public, residing at White Bird Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel F. Elder, Registrar.

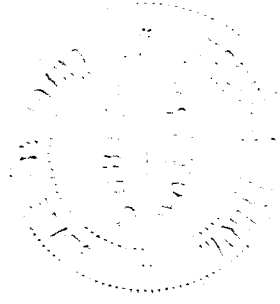
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



✓ 858-113-026-622

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330830
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby, Route #2
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho.

4. FULL NAME OF CHILD George Leroy Heyrend

5. Date of Birth of Child (Month, day, year) Jan. 13, 1912

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Heyrend
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minerva Modena Osborne
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Pope Co. (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living X

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 30 years, and that Mrs (First name) Newman (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minerva Modena Heyrend Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942.

(SEAL) George M. Larsen Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-212-022-439

JAN 16 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330847
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. –
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7½ yrs.

3. RESIDENCE OF FATHER (city, state) Ashton-Idaho

4. FULL NAME OF CHILD Erma Florenz Garrard

5. Date of Birth of Child (Month, day, year) July 12-1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** George Lenord Garrard
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Iona - Idaho (City or town) (State or foreign country)
14. Exact Occupation Section Foreman for
15. Industry or Business O. S. L Railroad. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Martha Ulrich
17. Color or Race white
18. Age at time of THIS birth 22½ yrs.
19. Birthplace Chemnitz - Germany (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by George Garrard (First name) (Last name) who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature E. L. Gargis M.D. Midwife Address Ashton Idaho Date 1-13-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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294-113-039-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330851
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County POWER (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County POWER
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Herbert Kruger

5. Date of Birth of Child (Month, day, year) 6-13-1912

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gotthelf Kruger
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Grossman
17. Color or Race white 18. Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ~~Bur~~ North Dakota
County of Burleigh } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 30 years, and that (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Com. expires 4-3-47

E. Gotthelf Kruger Signature
Bismarck, No. Dakota P. O. Address

Subscribed and sworn to before me this 14 day of January, 19 42

(SEAL) E. Dupuis Notary Public, residing at Bismarck, N.D.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-126-018-753

JAN 14 1942

330852

United States Department of Commerce Bureau of the Census Clearwater

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cavendish (b) City Cavendish
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Cavendish
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) [redacted] Idaho

4. FULL NAME OF CHILD William Merritt Lundy

5. Date of Birth of Child (Month, day, year) Aug. 26, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clerial J. Lundy
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Cavendish (City or town) Idaho (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia [redacted] Peterson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Gilroy (City or town) California (State or foreign country)
20. Exact Occupation housekeeper
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho ss.
County of Clearwater

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 30 48 years of age, that I have known this person for 31 29 years, and that Childs Grandmother (First name) Anna Peterson (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia Lundy Peterson Signature

Lenore Idaho P. O. Address

Subscribed and sworn to before me this 29 day of December, 1941.

(SEAL) Phil Weigandt Notary Public, residing at Lenore Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

CLERK DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER

Received for filing on JAN 14 1942 by [signature] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

JUN 11 1947

JUN 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-124-208-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330853

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Van Wyck

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: none (born at home)

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise

(c) City Van Wyck

(d) Street Address or R.F.D. No. none

(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Van Wyck, Ida

4. FULL NAME OF CHILD Theodore Roosevelt Bechtel

5. Date of Birth of Child (Month, day, year) Sept. 24, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Shelton Bechtel

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Bloomington, Ill (City or town) (State or foreign country)

14. Exact Occupation Druggist

15. Industry or Business Drugs

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Unabel Johnson

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Moscow Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of OREGON, County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that Dr. Nogle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Unabel Johnson Bechtel Signature

Sherwood, Oregon, Rt.# 3, Box 100A P. O. Address

Subscribed and sworn to before me this 12th day of January, 19.42

(SEAL) George R. Lewis Notary Public, residing at Pendleton, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

OCT 3 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 593-113-009-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 28 1942

State File No. 330930
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Avon maternity home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 weeks yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint Ida

4. FULL NAME OF CHILD Vernon Walter Vick

5. Date of Birth of Child (Month, day, year) July 13, 1942

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Franklin Hastings Vick

11. Color or Race White 12. Age at time of THIS birth 27 yrs.

13. Birthplace Redding (City or town) California (State or foreign country)

14. Exact Occupation Fireman

15. Industry or Business In Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Lucy Baker

17. Color or Race White 18. Age at time of THIS birth 29 yrs.

19. Birthplace Tucker (City or town) Wisconsin (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 58 years of age, that I have known this person for 29 years, and that Dr. Patterson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Lucy Vick Signature
239-22 Ave. Long Island N.Y. P. O. Address

Subscribed and sworn to before me this 31 day of January, 1942

(SEAL) N. J. Martin Notary Public, residing at Longacres

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Mary [illegible], Registrar.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

683-109-016-695 331065

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331065
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 4- yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clifford Earl Wylie

5. Date of Birth of Child (Month, day, year) Jul 9 - 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clyde K. Wylie
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Fulton (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Freeman
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Farley (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** Signature ..... M.D. Midwife Address ..... Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 24, that I am now 29 years of age, that I have known this person for 29 years, and that [illegible] (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the [illegible] is true to the best of my knowledge, and that I desire to have this birth recorded under Chapter [illegible] Session Laws of Idaho.

Clyde K. Wylie Signature

Meridian Idaho Rt 1 P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942

Marion E. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

FEB 2 1942

Received for filing on ..... by ..... Registrar.

Use only BLACK ink or typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

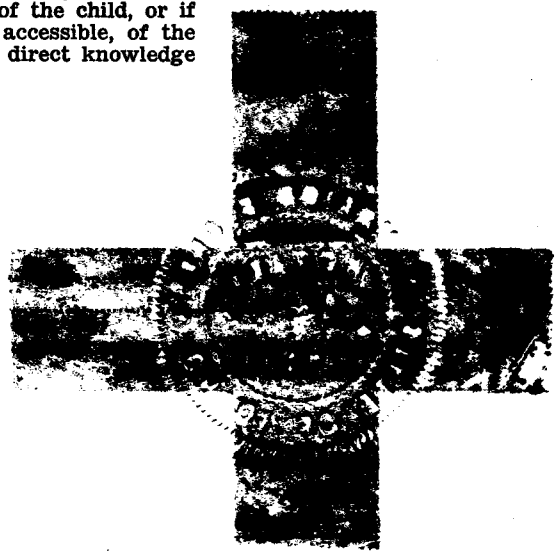
FEB 2 1942

JUL 28 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



713 106 028 465

331157

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 31 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Chatcolet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county about 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Chatcolet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? about 20 yrs.

3. RESIDENCE OF FATHER (city, state) Chatcolet Idaho

4. FULL NAME OF CHILD Walter Glenn Palmer

5. Date of Birth of Child (Month, day, year) Jan 6 - 1912

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mos. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Arnold Palmer
11. Color or Race White **12.** Age at time of THIS birth about 36 yrs.
13. Birthplace Norwich (City or town) Ontario (State or foreign country) Canada
14. Exact Occupation Grocer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Sophie Mook
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Osseo (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Klamath }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for ..... years, and that Name forgotten (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. W. A. Palmer
Signature
331 N. 3rd, Klamath Falls, Oregon
P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942

(SEAL)

Notary Public, residing at NOTARY PUBLIC FOR OREGON

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES MAY 4, 1943

Received for filing on JAN 31 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1942

AUG 24 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-121-042-897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331192
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin falls (b) City Hollister
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Deliverd at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin falls
(c) City Hollister Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Hollister Idaho

4. FULL NAME OF CHILD Robert Lafayette Robinson

5. Date of Birth of Child (Month, day, year) 11/21/1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Cleveland Robinson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Cookville (City or town) Tenn. (State or foreign country)
14. Exact Occupation Telephone mgr.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Charlotte Hix
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Grassy Cove (City or town) Tenn. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (alive, stillborn) at 4:45 A.M. on the date and at the place stated above, and that personal particulars were furnished by Josephine (First name) Robinson (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. J. W. Giezentanner M.D. Midwife Dead Address Buhl Idaho Date 11/21/1912

State of Calif.
County of Imperial } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for ..... years, and that Mrs. J. W. Giezentanner (First name) (Last name), who attended this birth See above (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Charlotte Samuel Signature
Gen Del - Beaverly Cal P. O. Address

Subscribed and sworn to before me this 30 day of Jany, 1942

(SEAL) Denny Cary Notary Public, residing at Beaverly Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by M. I. Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-115 028-285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 30 1943

State File No. 331219
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address ~~or R.F.D.~~ No. Cor. 11th & Elm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD Gale Sheldon Hartman

5. Date of Birth of Child (Month, day, year) Dec 15-1912

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Claude Frederick Hartman
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Brighton, Mich. (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Automobile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Irene Sheldon
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Vernon, Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature John Elwood M.D. Midwife Address Coeur d'Alene Ida. Date Jan. 29.42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1942

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

284 704 032 - 314

United States
Department of Commerce
Bureau of the Census Lincoln

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331303
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Jerome~~ (b) City Jerome
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Jerome~~ Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome Idaho

4. FULL NAME OF CHILD Benjiman Sheldon Shurtz

5. Date of Birth of Child (Month, day, year) Feb. 4th, 1922

6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy nine
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Shurtz
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace State of Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Brick layer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Campbell
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace State of Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 29 years, and that No attendance (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Campbell Shurtz Signature
P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942, 19..
(SEAL) [signature] Notary Public, residing at Cannon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by~~ the local registrar ~~for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-111-022-394

331396

United States Department of Commerce
Bureau of the Census

FEB 5 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331396
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Farnum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Farnum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Farnum Ida

4. FULL NAME OF CHILD Clifford George Day

5. Date of Birth of Child (Month, day, year) June 11 1902

6. Sex male Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Day
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Mt. Pleasant Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy May Liddell
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 29 years, and that Nattie (First name) Watson (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy May Liddell Day Signature
Nampa, Idaho R 2 B # 1 P. O. Address

Subscribed and sworn to before me this 5th day of February, 1942.

(SEAL) [signature] Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413 114 004 319

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331439
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Coolin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Coolin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Coolin Idaho

4. FULL NAME OF CHILD George Albert Mack

5. Date of Birth of Child (Month, day, year) Nov 14, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Rolland Ernest Mack
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Winona Wis. (City or town) (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Mae Carr
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Wrightstown Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used ~~to prevent~~ Ophthalmia Neonatorum Boric Acid.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Bonner } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 29 years, and that C. E. Reardon (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl May Mack Sievers Signature
Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of Jan, 1942

(SEAL)

Notary Public, residing at Priest River Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by ____, Registrar.

AUG 2 3 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-109 006-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331440
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ross Grymon Lake

5. Date of Birth of Child (Month, day, year) 3-9-1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Lake
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Harrisville (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business On Ab home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Agnes Grymon
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Sanford (City or town) Colorado (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 a.M. on the date and at the place stated above, and that personal particulars were furnished by Marie Agnes Lake (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler MD Midwife Address Shelley, Ida Date 1-22-42

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 29 years, and that Edwin (First name) Cutler (Last name), who attended this birth is living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Lake Signature
Roberts, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of January, 1942

(SEAL) Arthur C. Jensen Notary Public, residing at Roberts, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 7 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent ~~to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

592-123028 239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331482
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. Rt. 1
(d) Name of Hospital or Maternity Home: born at family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. Rt.1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Postralls, Id.

4. FULL NAME OF CHILD Leslie Dan Erb

5. Date of Birth of Child (Month, day, year) 3/23/ 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christian David Erb

11. Color or Race white **12.** Age at time of THIS birth 42 yrs.

13. Birthplace Stienheim (City or town) Germany (State or foreign country)

14. Exact Occupation Ordained Minister

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Stienbrecher

17. Color or Race white **18.** Age at time of THIS birth 35 yrs.

19. Birthplace burlington, Iowa (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:15 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 30 years, and that Mrs. (First name) Kile (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Fannie Stienbrecher Erb Signature

Hubbard, Oregon, Rt. 1 P. O. Address

Subscribed and sworn to before me this 17th day of January, 19 42

(SEAL) [signature] Notary Public, residing at Woodbrn, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires 7-1-42

Received for filing on JAN 22 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-115043-298

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 29 1942

State File No. 331490
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: None, At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Filer Idaho

4. FULL NAME OF CHILD Wilbur Dwight Brown

5. Date of Birth of Child (Month, day, year) Aug 15 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leonard Elva Brown
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Elveston (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Elizabeth Bryant
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Pickerell (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ( )
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, still born) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Leonard E Brown (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature A. A. Newberry M.D. Midwife Address Filer Ida Date 8/15/1912

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 29 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this 28th day of January, 1942.
(SEAL) Lois Kroth Notary Public, residing at Twin Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mabel F. Elefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

638-129 004-231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 31 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331668
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 40 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Carl Fredrick Ochsenbein

5. Date of Birth of Child (Month, day, year) July 29, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fredrick Ochsenbein
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Stauffer
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 29 years, and that Dr. Geo. F. Ashley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Stauffer Ochsenbein — Signature

Box 603, Montpelier, Idaho — P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942

(SEAL)

Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1942 by Mabel Keeler, Registrar.

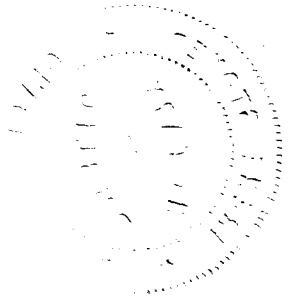
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau~~ of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



866-115-008-463 331787

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 9 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331787
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) ~~City~~
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) ~~City~~
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Brownlee, Idaho

4. FULL NAME OF CHILD Clarence Hoopes

5. Date of Birth of Child (Month, day, year) Dec. 15, 1912

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Warner Hoopes
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace Weston (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Dolder
17. Color or Race W
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bern (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that Mrs. Hannah Jensen (First name) (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Hoopes Signature
Banks, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of February, 1942

(SEAL) Thos. Y. Gwilliam Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292-103036-512

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331918
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Aberdeen Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Aberdeen
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 1/3 yrs.

3. RESIDENCE OF FATHER (city, state) Aberdeen, Idaho

4. FULL NAME OF CHILD Herman Harvey Sisler

5. Date of Birth of Child (Month, day, year) June 3, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George William Sisler
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Segourney, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elnora Myrtle Nash
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Victor, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Eudora (First name) Nash (Last name), who is related to this child as grand mother (Mother, etc.)

25. Attendant's **OWN** signature Eudora Nash ~~M.D.~~ Midwife Address Emmett, Idaho Date 1/28/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

JUL 23 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652720030-343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331919
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD CHARLES WILLIAM WEBB

5. Date of Birth of Child (Month, day, year) OCT. 20, 1912

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM JAMES WEBB
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace SALMON (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EVA BELLE CULVER
17. Color or Race WHITE
18. Age at time of THIS birth 17 yrs.
19. Birthplace SALMON (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 29 years, and that DR. F. S. (First name) WRIGHT (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Culver Webb Signature
SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this 29th day of JANUARY, 1942

(SEAL) Maurice C. McBride Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel F. Elder, Registrar.

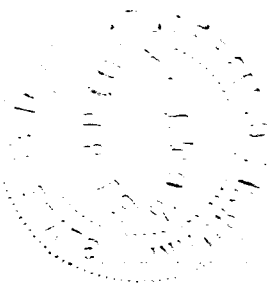
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236-124025-793

331922

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Boles
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Village of Boles
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William George Sloviaczek

5. Date of Birth of Child (Month, day, year) 8/24/1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Michael Sloviaczek
11. Color or Race Polish
12. Age at time of THIS birth 28 yrs.
13. Birthplace Jablonkow, Austrian Poland (City or town) (State or foreign country)
14. Exact Occupation Rancher - Stock Grower
15. Industry or Business Stock-grower & Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Pilich
17. Color or Race Polish
18. Age at time of THIS birth 24 yrs.
19. Birthplace Orlova Austrian-Poland (City or town) (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for about 30 years, and that ..... (First name) (Last name), who attended this birth [illegible] is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Mary Sloviaczek Signature
Boles, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942

(SEAL) [signature] Notary Public, residing at Cottonwood, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294 III 008 - 213 331954

331954

United States Department of Commerce Bureau of the Census

FEB 11 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BOISE (b) City OLA
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 34 years 6 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BOISE
(c) City OLA
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) OLA, IDAHO

4. FULL NAME OF CHILD JOHN DAVID BRUCE

5. Date of Birth of Child (Month, day, year) JULY 11, 1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 MTHS 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN COWAN BRUCE
11. Color or Race WHITE
12. Age at time of THIS birth 51 yrs.
13. Birthplace EDENBURGH (City or town) SCOTLAND (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business STOCKMAN

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CLARA ISABEL BALLANTYNE
17. Color or Race WHITE
18. Age at time of THIS birth 34½ yrs.
19. Birthplace OLA (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11 30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Clara Isabel Bruce (First name) (Last name), who is related to this child as CLARA BRUCE (Mother, etc.).

25. Attendant's **OWN** signature Goldie Ballantyne M.D. Midwife Address 320 Rose St Boise Date Feb 11 -42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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713-230-028-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No. 332049
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD ALMA LEE PATTERSON

5. Date of Birth of Child (Month, day, year) JUNE 30-1912

6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James B. Patterson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Cove (City or town) Oregon (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EFFIE LUCINDA WAITE
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace BECKER, MINN. (City or town) Co. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for Life years, and that Dr. Cusick (First name) (Last name), who attended this birth is now deceased (~~Is now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie L. Patterson Signature
Sisters, Oregon P. O. Address

Subscribed and sworn to before me this 31st day of January, 1942

(SEAL) George E. Aitken Notary Public, residing at Sisters, Oregon
My Commission expires Dec. 11, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

311-112-028857

332071

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Alton Oliver Laabs

5. Date of Birth of Child (Month, day, year) August 12, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Otto Laabs
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Lydia (City or town) Minn (State or foreign country)
14. Exact Occupation Farmer and carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Agusta Hepp
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Clearwater (City or town) Minn (State or foreign country)
20. Exact Occupation house wife + mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ella A. Laabs (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature John Wood M.D. Midwife Address Coeur d'Alene Ida Date Jan 30, 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33208
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 15 years - month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. RFD #4
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Burley, Idaho.

3. RESIDENCE of FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD Maggie Woodall

5. Date of Birth (Month, day year) Mar. 16, 1912

6. Sex Female **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Woodall
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Selby, (City or town) England (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business -

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Elmira Gransbury
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Sterling, (City or town) Kansas. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum -
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 2 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jennie Elmira Woodall, being first duly sworn, say that I am related (Related to (or) acquainted with) Maggie Woodall (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lura Gransbury (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jennie Elmina Woodall Signature
Declo, Idaho. P. O. Address

Subscribed and sworn to before me on this 30th day of January 19 42

(SEAL) A. C. DeMary Notary Public, residing at Rupert, Idaho.

FEB 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

943-107-008-295

332120

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Sweet
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: 15 years
   IN **THIS** county Years 15 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Sweet
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sweet, Idaho

4. **FULL NAME OF CHILD** Julius Everett Rule

5. Date of Birth of Child (Month, day, year) 6-3-12

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George M. Rule
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Harper Co. (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna M. Brewer
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Thurston county, Wash (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs John Griffith (deceased was midwife (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Sweet Date Jan. 30, 19

State of Washington } ss.
County of Thurston }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Parents (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 and 72 years of age, that I have known this person for since birth years, and that Mrs. John Griffith (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna M. Rule. Signature
George M. Rule Rainier, Wash. Address

Subscribed and sworn to before me this 30 day of Jan, 19 42.

(SEAL) Notary Public, residing at Tenino, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by Mabel E. Nelson, Registrar.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-126-226-113

332175

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Jefferson (b) City Mudlake
(c) Street Address or R.F.D. No. none at that time
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 3 years 6 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Mudlake
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? Not here yrs.
(f) Mother's mailing address Roberts, Idaho then
3. RESIDENCE of FATHER (city, state). same

4. FULL NAME OF CHILD Return George Hill
5. Date of Birth (Month, day, year) March 26, 1912
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Chaney Eugene Hill
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Fayette (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Hermione Jackson
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Glenwood, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 4 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hermione J Hill, being first duly sworn, say that I am mother related (Related to (or) acquainted with) Return George Hill (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Hill Lake (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hermione J Hill Signature
136 E 8 No Provo Ut P. O. Address

Subscribed and sworn to before me on this 2 day of Feb., 1942
(SEAL) R H Ferguson Notary Public, residing at Provo, Utah
my com. expires Jan. 26, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 8VS-105.002-334 332197 332197

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No. 332197
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Tamarack
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county no years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Tamarack
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Tamarack, Ida.

4. FULL NAME OF CHILD Joseph Kenneth Hunziker

5. Date of Birth of Child (Month, day, year) Jan. 5, 1912

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nicholas Fredrick Hunziker
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Carson City (City or town), Nevada (State or foreign country)
14. Exact Occupation Sawyer
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elizebeth Clucas
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Kidder, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California } ss.
County of Contra Costa }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that Mrs. Larsen (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nicholas Fredrick Hunziker Signature
#10 Cornwall St., Pittsburg, Cal. P. O. Address

Subscribed and sworn to before me this 15th day of February, 19 42.

(SEAL) ____ (Notary Public, residing at Pittsburg, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 14 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743-112-006-815

332245

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

FEB 6 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. at home
In THIS county 19 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address (For registration notice): Shelley, Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ellis Hanson Gutke

5. Date of Birth (Month, day, year) 10-12-1917

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sylvenus Gutke

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Smithfield Utah
(City or Town) (State or foreign country)

14. Exact Occupation Druggist

15. Industry or Business McGuire Drug Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Hanson

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Hyram Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6 A. M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Sylvia Gutke, who is
(First name) (Last name)
related to this child as Mother
(Mother, etc.)

26. (a) FEB 6 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's OWN signature Edwin Cutler M.D.
(D.O., Midwife, etc.)
and address Shelley Ida Date 1-28-42

27. Given name added on ..... by .....
(Registrar's Signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

831-105-032-544

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332263
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: ~~MINIDOKA~~ (b) City: RUPERT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: IDAHO (b) County: ~~MINIDOKA~~ Lincoln
(c) City: RUPERT
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) RUPERT IDAHO

4. FULL NAME OF CHILD: STEVEN EMMERT SCACE

5. Date of Birth of Child (Month, day, year): FEB. 5, 1912

6. Sex: MALE

7. Twin or Triplet: NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME: STEPHEN BIRCH SCACE
11. Color or Race: white **12.** Age at time of THIS birth: 36 yrs.
13. Birthplace: HAMPTON (City or town) IOWA (State or foreign country)
14. Exact Occupation: FARMER
15. Industry or Business:

MOTHER OF CHILD

16. FULL MAIDEN NAME: MAE EMMERT ~~SCACE~~
17. Color or Race: white **18.** Age at time of THIS birth: 33 yrs.
19. Birthplace: CHICAGO (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation: HOUSEWIFE
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of ILLINOIS
County of COOK } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for ____ years, and that DR. SCOTT (First name) ____ (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mae E. Scace Signature

7416 SOUTH PARK AVE. CHICAGO ILL. P. O. Address

Subscribed and sworn to before me this 14th day of January, 19 42

(SEAL) Notary Public, residing at Chicago, Ill

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795 - 213-035-595

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332285
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St Joseph's Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD Claribel Virginia Green

5. Date of Birth of Child (Month, day, year) May 13, 1912

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles William Green
11. Color or Race white **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Grain merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Estelia Vince
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Brantford Ontario (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana } ss.
County of Toole }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 29 years, and that Wm (First name) Nourse (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bertha E. Green Signature
Shelby Montana P. O. Address

Subscribed and sworn to before me this 31 day of Jan., 19 42
(SEAL) Wm. Black Notary Public, residing at Shelby Mont
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by [illegible] Registrar.

DEC 30 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-208-023-235

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332304
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 4 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Emmett, Idaho

3. RESIDENCE of FATHER (city, state) Emmett, Ida.

4. FULL NAME OF CHILD Agnes Rosella Thompson

5. Date of Birth (Month, day, year) Dec. 8, 1912

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Olaus Thompson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Emerald Grove (City or town), Rock Co., Wisconsin (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lilly Ruth Steele
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Cottage Grove (City or town), Dane Co., Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid solution
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 P. M. on the date and at the place stated above, and that personal particulars were furnished by Lilly Ruth Thompson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 3 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Evelyn O Clark, M.D. (D.O., Midwife, etc.)
and address Veteran Adm Facility Date 1-30-42

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

731-204-002-219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332310
FEB 7 1942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Goodrich
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at parent's home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Goodrich
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Goodrich, Idaho

4. FULL NAME OF CHILD EDITH MAE GLASCOCK

5. Date of Birth of Child (Month, day, year) Aug 4 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME CLYDE H. GLASCOCK

11. Color or Race WHITE

12. Age at time of THIS birth 30 yrs.

13. Birthplace Weiser, Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Iula Mae Barton

17. Color or Race White

18. Age at time of THIS birth yrs.

19. Birthplace Irving, Oregon (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business House Keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 29 years, and that Mrs. Rose Gallant (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clyde H Glascock Signature

Council, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of February, 19 42

(SEAL) [signature] Notary Public, residing at Council

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

297-120-025-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332318
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) ~~City~~ Boles-Po-
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) ~~City~~ Boles-Po-
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Louis Kight

5. Date of Birth of Child (Month, day, year) Augs. 20, 1912

6. Sex White

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Kight
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lacrosse (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Leeman
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that no physician attended (First name) (Last name), ~~who attended~~ this birth. Mrs Price now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Sam Kight Signature
2404-8th Ave Lewiston, Idaho Address

Subscribed and sworn to before me this 24 day of Jan 1942

(SEAL) John L. Phillips Notary Public, residing at Lewiston, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-115-010-236

332333

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: Lived here permanently
IN **THIS** county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida.

4. FULL NAME OF CHILD Lawrence R. Chambers

5. Date of Birth of Child (Month, day, year) June 15, 1912

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Chambers
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Sublett (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret ~~Chambers~~ Stoddard
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Spencer (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boris Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears ~~in Item 4, above, that I am now 46 years of age, that I have known this person for all life years, and that~~ name unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Chambers Signature
201 Maple St. Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942

(SEAL) Olga Ebeltoft Clerk of Probate Court Public residing at Idaho Falls Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 8 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413-214-016-335

332341

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 28 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. South Hanson
(d) Name of Hospital or Maternity Home: Born in our own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. South Hanson
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Williane Elizabeth Daly

5. Date of Birth of Child (Month, day, year) Oct. 14, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Gaylord Daly
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Baker City (City or town) Oregon (State or foreign country)
14. Exact Occupation El ectrician
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Dell Clements
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Central Graham County, (City or town) Arizona (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Dell Daly. Signature

My commission expires March 13, 1942

1020 N E Alberta Street, Portland, Oregon P. O. Address

Subscribed and sworn to before me this 26th day of January, 19 42

(SEAL) Lena J. Hawkins Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415 - 118 - 032 - 551

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 332373
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Lincoln (b) City Heyburn JAN 22 1942
(c) Street Address or R.F.D. No. Rt 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Oklahoma (b) County Muscogee
(c) City
(d) Street Address or R.F.D. No. Rt 1
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Bert Leroy Davis

5. Date of Birth (Month, day, year) 3/18/12

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph William Davis

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Cotton wood utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Lucretia ~~Davis~~ Evans

17. Color or Race White

18. Age at time of THIS birth 42 yrs.

19. Birthplace England
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 22 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Oregon
County of Marion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fannie Lucretia Davis, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Bert Leroy Davis (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that D. R. Fuller (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fannie Lucretia Davis Signature
Rt 2 Box 133 B. Salem Ore. P. O. Address

Subscribed and swore to before me on this 17th day of July, 1941

(SEAL) [signature] Notary Public, residing at Salem Oregon

Commission Expires Apr 15, 1942

FEB 1 F

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-201-025-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No. 332401
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ida
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Ida Grangeville

4. FULL NAME OF CHILD Ruby Elma Genger (Larson)

5. Date of Birth of Child (Month, day, year) Sept-1, 1912

6. Sex Female 7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar Elmer Genger
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Treton (City or town) Iowa (State or foreign country)
14. Exact Occupation Gen Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Lee Graves
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Rosehill (City or town) Ky. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Effie (First name) Genger (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Addie Genger Schneider M.D. Midwife Address Moscow Idaho Date Feb-10-42

State of Wash
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Lee Genger Signature
P. O. Address

Subscribed and sworn to before me this 11 day of February, 1942
(SEAL) Bettie Simmons Notary Public, residing at Pullman Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413-109-001-437

332446

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county 20 years 9 months 9 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address (For registration notice):
Rt. #3 - Boise, Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Matthew Daly

5. Date of Birth (Month, day, year) January 9, 1942

6. Sex Male

7. Twin or Triplet ——— If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Charles Matthew Daly

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Kansas
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business ---

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Angelsto McGinn

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Boise, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum (1% Argyrol) 2% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living Yes
(c) Born alive and now dead ——— (d) Stillborn ———

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Marie Montgomery (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) FEB 16 1942 (Date received) (b) Mabel Hedden (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's Signature)

25. Attendant's **OWN signature** Fred A. Thomas M.D. (D.O., Midwife, etc.)
and address Eastman Bldg. Boise, Idaho Date 2/7/42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

256-126-014-256

332451

332451

United States
Department of Commerce
Bureau of the Census

FEB 17 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331
Local Reg. No. 6
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Emmett
   (c) Street Address ~~xxxxxxxxx~~607 So. Washington Ave.
   (d) Name of Hospital of Maternity Home:
   At own home
   (e) Mother's stay **BEFORE** delivery: At Home
   In Hospital or Maternity Home ..... Days
   In **THIS** county 25 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address ~~xxxxxxxxx~~607 So. Washington
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.
   (f) Mother's mailing address (For registration notice):
   Emmett, Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Howard Dean Knox

5. **DATE OF BIRTH** (Month, day, year) October 26th 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clayton Bane Knox

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Emmett (City or Town) Idaho (State or foreign country)

14. Exact Occupation

15. Industry Business Transfer Business and Stockman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Alice Knouse

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Laclede (City or Town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver solution

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 11
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Alice Knox (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 2-11-42 (Date received) (b) J. R. Reynolds (Registrar's signature)

25. Attendant's **OWN signature** R. D. Cummings M.D. (D.O., Midwife, etc.)
and address Emmett Date Idaho

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

FEB 1 1942 NOV 17 1953

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

753-122-014-619 332478

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File 332478
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. E Main St
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. E Main St
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Ida

4. FULL NAME OF CHILD Wallace Vincent Peck

5. Date of Birth of Child (Month, day, year) June 22 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Elias Peck
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cleveland (City or town) Ohio (State or foreign country)
14. Exact Occupation Orchardist
15. Industry or Business Fruit Raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Wardleman
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Sturgis Mich (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Solution Yes

23. Number of children ~~of this mother:~~ (a) ~~At time of birth and including this child~~ one (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature R N Cummings M.D. ~~Midwife~~ Address Emmett Date 1-22-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB

APR 3 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-115-042-846 332483

FEB 18 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332483
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Buhl
   (c) Street Address or R.F.D. No. 416 - 11th St.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Buhl
   (d) Street Address or R.F.D. No. 416 - 11th
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Buhl Idaho

4. **FULL NAME OF CHILD** Floyd Pearl Probasco

5. Date of Birth of Child (Month, day, year) JAN 15-1942

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Pearl Orville Probasco
11. Color or Race American
12. Age at time of THIS birth 27 yrs.
13. Birthplace Putnam County (City or town) Mo. (State or foreign country)
14. Exact Occupation Livery man
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verna Huffaker
17. Color or Race American
18. Age at time of THIS birth 24 yrs.
19. Birthplace Putnam County (City or town) Mo. (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3 A.M. on the date stated above and that personal particulars were furnished by Verna Probasco who is related to this child as Mother.

25. Attendant's **OWN** signature L. J. Markley M.D. ~~Midwife~~ Address Twin Falls Date 2-16-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by ....., Registrar.

FEB 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 512-223-006-459

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. 332542
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BINGHAM (b) City ABERDEEN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City ABERDEEN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address ABERDEEN IDAHO

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD CLARA MAY NASH

5. Date of Birth (Month, day year) MAY 23 1912

6. Sex GIRL

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ALBERT THEODORE NASH
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace VICTOR KANSAS (City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CLARA DERBYSHIRE
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace STOCKTON YORKSHIRE, ENGLAND (City or town) (State or foreign country)
20. Exact Occupation WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at about 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by Clara D Nash (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) FEB 14 1942 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Clara D. Nash, being first duly sworn, say that I am Mother (Related to (or) acquainted with) (Name of person on certificate above) as Clara May Nash (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr McKinnon (Name of attendant at birth), who attended said birth cannot be located. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Clara D Nash Signature
319 Ouray Ave. S.L. City P. O. Address

NOTARY PUBLIC in and for the State of Utah
Residing at Salt Lake City, Utah
Commission expires June 12, 1944
(SEAL)

Subscribed and sworn to before me on this 5th day of February, 1942
Notary Public, residing at
Frank W Knighton

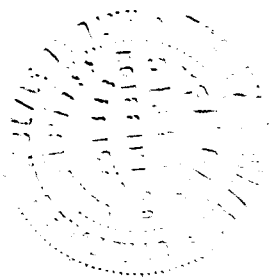
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed in Chapter 2, Title 38,~~ Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332565
Local Reg. No.
Reg. Dist. No.

FEB 7 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams Co.
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? all my life yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hugh Allen Russell

5. Date of Birth of Child (Month, day, year) June 7, 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Talton Russell
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Otoe Co. (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Ireland
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Baker (City or town) Oregon (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Ada Searer (First name) (Last name), who is related to this child as x (Mother, etc.)

25. Attendant's **OWN** signature She Lead, M.D. Midwife Address Council Ido Date 6/7/1912

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 30 years, and that Hugh Allen (First name) Russell (Last name), who attended this birth mid wife (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Alice Russell Signature
McCall Idaho P. O. Address

Subscribed and sworn to before me this 8 day of Feb, 1942
(SEAL) Herman H White Notary Public, residing at McCall Ido
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by [illegible], Registrar.

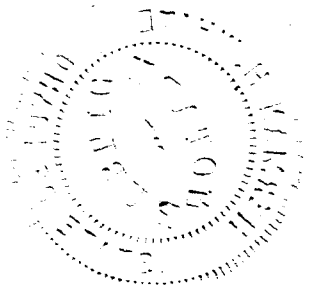
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 19 1942

State File No. 332589
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Bonner
(c) City Sagle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Walter Kenneth Osborn

5. Date of Birth of Child (Month, day, year) May 10th 1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Orris Preston Osborn
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace San Luis Obispo (City or town) Calif (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lily M. Whorter Osborn
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Tower (City or town) Minn. (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business Idaho

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that Mary (First name) Summers (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lily Osborn Shirk Signature

Sagle Ida P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942.

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JAN 19 1942

Received for filing on ..... by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399 104 020-215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 7 1942

State File No. 332598
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City King Hill
(c) Street Address or R.F.D. No. 6 miles out, on Ranch
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City near King Hill
(d) Street Address or R.F.D. No. on ranch
(e) How long has **MOTHER** lived in Idaho? 1 yr 5 mos yrs.

3. RESIDENCE OF FATHER (city, state) King Hill - Ida

4. FULL NAME OF CHILD LESLIE ELDEN TRIMBLE

5. Date of Birth of Child (Month, day, year) July 4th 1912

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willis T. Trimble
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Eldorado - Kansas (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Sand
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Wakonda, So. Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that Mrs. M. Campbell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara (Trimble) Stockton Signature
1616-W-104 St Los Angeles Cal P. O. Address

Subscribed and sworn to before me this 4th day of February 1942

(SEAL) E. C. Aubin [signature] Notary Public, residing at Los Angeles County In and for Los Angeles Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by Mabel F. Elder, Registrar.

My Commission Expires April 22, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439 112-042-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH JAN 30 1942
STATE OF IDAHO

State File No. 332599
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Filer Idaho

4. FULL NAME OF CHILD Donald Wesley McIntyre

5. Date of Birth of Child (Month, day, year) August 17-12

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Floyd Earl McIntyre
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Parkston South Dakota (City or town) (State or foreign country)
14. Exact Occupation U.S. Mail Carrier
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Beatrice Gilbreth
17. Color or Race American
18. Age at time of THIS birth 23 yrs.
19. Birthplace Viola Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29+ years, and that W. V. Morgan (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Floyd Earl McIntyre Signature
P. O. Address

Subscribed and sworn to before me this 29 day of January, 1942
(SEAL) Thomas Dougherty Notary Public, residing at Wilder, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

APR 2 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433129 014-295

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 2 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida

4. FULL NAME OF CHILD Leo Olney McCulloch

5. Date of Birth of Child (Month, day, year) May 29, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Holly Andrew McCulloch
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Grapevine (City or town), Texas (State or foreign country)
14. Exact Occupation Pump operator
15. Industry or Business Irrigation Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth King
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Clay County (City or town), Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 years, and that Samuel (First name) Miller (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth McCulloch Signature
R.F.D. 3 Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my com. expires 10/5/45

Received for filing on FEB 14 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942 SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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332693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332693
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or RFD No. Near Round House, Second Avenue, South
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 2 years xx months xx days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. Near Roundhouse on Second Avenue South
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho.

4. FULL NAME OF CHILD Robert Nelson Allen

5. Date of Birth of Child (Month, day, year) April 13, 1912.

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd xx **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin Robert Allen
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Phillipsburg, (City or town) Kansas (State or foreign country)
14. Exact Occupation Laundryman
15. Industry or Business Laundry business.

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Maude LeValley
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Cook County, (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ca }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that I do not remember the doctor (First name) (Last name), who attended this birth and therefore cannot locate him (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Benjamin Robert Allen Signature

P. O. Address

Subscribed and sworn to before me this 20th day of February, 19 42.

(SEAL) S. D. Fairchild Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 20 1942 by Mabel E. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

APR 16 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title [redacted] Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665-104 042-667

332802

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 9 1942

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Elm Park Add.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 3 years 1 month 3 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Twin Falls

3. **RESIDENCE of FATHER** (city, state): Twin Falls

4. **FULL NAME OF CHILD** John Grant Owen

5. Date of Birth (Month, day, year) Mar. 4 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Nightman Owen
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Owensboro, Ky. (City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Louise Ford
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Greenville Ky. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont Know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 9 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Fresno } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel Owen, being first duly sworn, say that I am related (Related to (or) acquainted with) John Grant Owen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Duncan L. Alexander (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Mabel Owen Signature
1023 Nelson St., Sanger P. O. Address

Subscribed and sworn to before me on this 7th day of February, 1942

(SEAL) [signature] Notary Public, residing at Sanger, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1941 Session Laws, Chapter 191, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1941 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

846/104 022-893

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 332956
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No. Gen. Delevery
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City or Town Parker
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Parker Idaho

4. FULL NAME OF CHILD George Delroy Huffman

5. Date of Birth of Child (Month, day, year) July 4 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME El Roy Huffman
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Springfield (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Inger Elizabeth Hill
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Parker (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth ~~and including this child~~ 5 (b) Born alive and now living 4yrs.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 24 years, and that Mrs. Crapps (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Charlatte Kyger Signature
Rte 1 Nyssa, Oregon P. O. Address

Subscribed and sworn to before me this 14 day of February, 1942

(SEAL) Thaddene Jennings Notary Public, residing at Nyssa, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by ..... Registrar.

SEP 26 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-128 014-231 333034

United States Department of Commerce
Bureau of the Census

FEB 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333034
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No. R. F. D. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No. R. F. D. 1
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wayne Robert Miller

5. Date of Birth of Child (Month, day, year) Nov 28, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Greely Miller
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Agriculture
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Nina Belle Standage
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Page Center, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 12 A M. on the date and at the place stated above, and that personal particulars were furnished by FRANK (First name) MILLER (Last name) who is related to this child as FATHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 29 years, and that R. L. CLUEN (First name) (Last name), who attended this birth NOW DECREASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Frank Greely Miller Signature

Melba, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of February, 19 42

(SEAL) L. M. Greene Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar of record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459 107 039 532

333037

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333037
Local Reg. No.
Reg. Dist. No.

FEB 21 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County POWER (b) City AM. FALLS
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State WASH. (b) County
   (c) City Ritzville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 MONTHS yrs.

3. **RESIDENCE OF FATHER** (city, state) AM. FALLS, Ida.

4. **FULL NAME OF CHILD** MANUAL ZIMMERMAN

5. Date of Birth of Child (Month, day, year) 12-7-1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** ADAM ZIMMERMAN
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BARBARA EISNER
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Eugenie Weiler Midwife Address Date

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

FEB 7 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796.113-C14 419

333051

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333051
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 4
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** PIERRE ERNEST PROVOST

5. Date of Birth of Child (Month, day, year) 7/13/1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** FRANCOIS PROVOST
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** OLIVINE MARTINEAU
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ...A...M. on the date and at the place stated above, and that personal particulars were furnished by P[illegible] (First name) [illegible] (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Address Nampa Ida. Date 2-21-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) ... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 25 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. RFD # 1
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. RFD # 1
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Viola Rose Hill

5. Date of Birth of Child (Month, day, year) Feb. 16, 1912

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Irwin Hill
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Waldron (City or town) Arkansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ella McKinney
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Prairie Grove, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Harney }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that John Moore (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Irwin Hill Signature
PO Box 562, Burns Oregon P. O. Address

Subscribed and sworn to before me this 18th day of Feb, 1942

(SEAL) Lyman Keeler Notary Public, residing at Burns Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm Expires Oct 6, 1944

Received for filing on FEB 25 1942 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

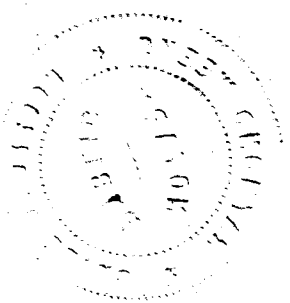
FEB 25 1942

DEC 6 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 11 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Almo, Ida

4. **FULL NAME OF CHILD** Wilvin Calvert

5. Date of Birth (Month, day, year) Sept. 21, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Reynolds Calvert

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Almo, Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Jones

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Hullend Utah
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ida J. Calvert (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) FEB 11 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ida J. Calvert M.D. (D.O., Midwife, etc.)
and address Almo Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census Lincoln

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 18 1942

State File 333100
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman Lincoln
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. RESIDENCE OF FATHER (city, state) Sisters, Ore

4. FULL NAME OF CHILD William Wendell Durfee

5. Date of Birth of Child (Month, day, year) Oct-13-1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Carl Durfee
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Hagerman (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rubie Allen
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Nephi (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 29 years, and that Henry Carl Durfee (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Carl Durfee Signature
P. O. Address

Subscribed and sworn to before me this 13th day of Feb, 1942

(SEAL) N R Gilbert Notary Public, residing at Bend Ore
my comm expires Jul 20 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713 117 035-312

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333119
Local Reg. No.
Reg. Dist. No.
FEB 13 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Southwick, Ida.

4. FULL NAME OF CHILD Earl La Vern Patterson

5. Date of Birth of Child (Month, day, year) Mar. 17, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Edwin Jay Patterson.
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Cameron (City or town) Idaho Territory (State or foreign country)
14. Exact Occupation Timber Faller
15. Industry or Business Lumber.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie May Gable.
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Linn Creek (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known.

23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at Two A. M. on the date and at the place stated above, and that personal particulars were furnished by Carrie Patterson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon
County of Union } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 29 years, and that Dr. Phillip Herrigess (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Carrie May Patterson Signature

Box 95 La Grande, Oregon P. O. Address

Subscribed and sworn to before me this 12th day of February, 19 42

(SEAL) Charles R. Eaton Notary Public, residing at La Grande, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. ex. 5/19/44

Received for filing on FEB 13 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

SEP 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-208
042-643 FEB 26 1942

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333272
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County TWIN FALLS (b) City TWIN FALLS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
8 1
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida.

4. FULL NAME OF CHILD Evelyn Chloe Batty

5. Date of Birth of Child (Month, day, year) June 8, 1912

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Geo. Mathew Batty
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Toquerville (City or town) Wash. Utaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vilate Abigial Fuller
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Cedar City (City or town) Iorn Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that May (First name) Weich (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vilate Abigial Batty Signature
Boise R15 Ida P. O. Address

Subscribed and sworn to before me this 26th day of February, 1942

(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires 10/26/43

Received for filing on FEB 26 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BATTY ON TOMBSTONE

DUP OF 1912 – 338057

BOTH DELAYED

X 859-204031-295 333282

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333282
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Jean Herren

5. Date of Birth of Child (Month, day, year) June, 4, 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME York Herren
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Asheville, (City or town) North Carolina (State or foreign country)
14. Exact Occupation abstractor
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Oresta Kincaid
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Palouse, (City or town) Wash (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for since birth years, and that Dr J. L. Kelly (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Oresta Herren Signature
Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of February, 19 42

(SEAL) [signature] Notary Public, residing at Nezperce, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 13 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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FEB 28 1942

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333301
Local Reg. No. 6
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Family Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Parker, Idaho

4. FULL NAME OF CHILD Maurine Mason

5. Date of Birth of Child (Month, day, year) May 5 1912

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ben E. Mason
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Morgan, Utah, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Chiropractor
15. Industry or Business Practicing above profession

MOTHER OF CHILD

16. FULL MAIDEN NAME Delia Tyler
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Fillmore, Utah, USA (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5:30 P. M. on the date and at the place stated above and that personal particulars were furnished by Ben E. Mason (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 29 years, and that Joseph Walker M.D. (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dr Ben E Mason Signature
403 O'Farrell St, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of February, 1942.

(SEAL) W. A. Hobbs Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by Mary E Feltz, Registrar.

FEB 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 15 19[illegible]

State File No.
Local Reg. No. 35
Reg. Dist. No. 361

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Dixie Comm.
   (c) Street Address or R.F.D. No. RFD 2 Caldwell
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Dixie Community
   (d) Street Address or R.F.D. No. RFD 2 Caldwell
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dixie Com, Id

4. **FULL NAME OF CHILD** Robert Hammond Vail

5. Date of Birth of Child (Month, day, year) Sept. 25 19[illegible]/12

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Wallace Vail
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Edmond (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecil Florence Hammond
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Guthrie Center, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 2%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Caldwell, Idaho Date 2-12-42

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2-12-42 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEIVED

259/120-037-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334392
Local Reg. No.
Reg. Dist. No.

FEB 16 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County OWYHEE (b) City
(c) Street Address or R.F.D. No. GIVENS SPRINGS P.O.
(d) Name of Hospital or Maternity Home: Ranch House
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County OWYHEE
(c) City GIVENS SPRINGS P.O.
(d) Street Address or R.F.D. No. STAR ROUTE
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) GIVENS SPRINGS ID.

4. FULL NAME OF CHILD James Harold Keith

5. Date of Birth of Child (Month, day, year) 1.20.1912.

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Rufus Keith
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace OSSAWATOMIE (City or town) KANSAS (State or foreign country)
14. Exact Occupation SERVICE STATION OPERATOR
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Myrtle Belk
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace LANE (City or town) KANSAS (State or foreign country)
20. Exact Occupation SERVICE STATION OPERATOR
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Josephine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 70 years of age, that I have known this person for 30 years, and that H. P. (First name) Ross, M. D. (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Rufus Keith Signature

Route 1, Box 477, Grants Pass, Oregon P. O. Address

Subscribed and sworn to before me this 14th day of February, 1942.

(SEAL) Marie E. Wilson Notary Public, residing at Grants Pass, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mark Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1972 APR 26 1947

FEB 27 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16

State File No. 334396
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Avery
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Avery
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 months

3. RESIDENCE OF FATHER (city, state) Avery, Idaho

4. FULL NAME OF CHILD Eugene George Zimmerman

5. Date of Birth of Child (Month, day, year) October 15, 1941

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME George Lewis Zimmerman
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Fort Dodge (City or town), Iowa (State or foreign country)
14. Exact Occupation Railroad Employee
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Olson
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Britton (City or town), South Dakota (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Wyoming } ss.
County of Johnson }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that a Dr. O'Brien (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruby Olson Zimmerman Signature
Buffalo, Wyoming P. O. Address

Subscribed and sworn to before me this 14th day of February, 1942

(SEAL) ..... Notary Public, residing at Buffalo, Wyoming.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-111-014-952

United States
Department of Commerce
Bureau of the Census Canyon

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 334580
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Gem~~ (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3½ years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Gem~~
(c) City Emmett Canyon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Karl Elmer Dresser

5. Date of Birth of Child (Month, day, year) March 11, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy full

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leonard P. Dresser
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Postville Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Rekow
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 a. M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Dresser (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature R. I. Cummings M.D. ~~Midwife~~ Address Emmett Date 2/13/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

795-703 037-652 MAR 3 1942 334622

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334622
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Givens Sprgs.
   (c) Street Address or R.F.D. No. No street.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Givens Springs
   (d) Street Address or R.F.D. No. No street.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Owyhee County, Idaho.

4. **FULL NAME OF CHILD** Leslie Harold Givens

5. Date of Birth of Child (Month, day, year) 1/3/1912.

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 3rd.

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Granville Lanus Givens
11. Color or Race white
12. Age at time of THIS birth ... yrs.
13. Birthplace Givens Springs, (City or town) Owyhee Co. (State or foreign country) Ida.
14. Exact Occupation Stockraising
15. Industry or Business Stockraising.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma May Westfall
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Green River, (City or town) Wyoming. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housework

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ... (b) Born alive and now living ...

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date ... and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife Address ... Date ...

State of Idaho. } ss.
County of Ada. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that Mrs. W.S.Shanks (First name) (Last name), who attended this birth is not available (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma May Tiffin Signature

Murphy, Idaho. P. O. Address

Subscribed and sworn to before me this 3rd. day of March, 1942.

(SEAL) Charles P. Eddoch Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by ... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-206028-795

334705

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Couer d Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1907 yrs.

3. RESIDENCE OF FATHER (city, state) Couer d' Alene Idaho

4. FULL NAME OF CHILD Sylvia Maxine Greene

5. Date of Birth of Child (Month, day, year) July 6, 1912

6. Sex Female **7.** Twin or Triplet xxx If so—born 1st, 2nd, 3rd XXXX **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Thomas Greene
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Sawmill Worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta Gernia Piephoff
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Clarksville, Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, [redacted]) at 10:35 A.M. on the date and at the place stated above, and that personal particulars were furnished by Sylvia (First name) Greene (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature John O'Leary M.D. Midwife Address Coeur d'Alene Ida. Date Feb. 9. 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by [signature] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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418 215016-215

334722

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 36 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Burley Idaho

4. FULL NAME OF CHILD Erma Dayley

5. Date of Birth of Child (Month, day, year) Feb. 15 1912

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Dayley
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Beaver (City or town) Cassia Co. (State or foreign country) Idaho
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jane Sanford
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Beaver (City or town) Cassia Co. (State or foreign country) Idaho
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Probably dead. M.D. Midwife Address Mrs. Walder, midwife-present whereabou unknown-probably dead. Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 30 years, and that Mrs. Waldon (First name) (Last name), who attended this birth -address prob deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jane Sanford Dayley Signature
Box 474 Burley, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of February, 19 42

(SEAL) Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 312-128-011-365

334729

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundry (b) City Naples
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Cossairt Resident
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundry
(c) City Naples
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) same as above

4. FULL NAME OF CHILD Lloyd Kenneth Cossairt

5. Date of Birth of Child (Month, day, year) 6-28-1912

6. Sex Mail 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Cossairt
11. Color or Race white 12. Age at time of THIS birth 49 yrs.
13. Birthplace Vermillion 60 Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Addie Long
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace ~~Naples~~ Louden Tenn (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Mary E Marcy ~~M.D.~~ Midwife Address Naples Idaho Date Feb 21-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Cossairt Signature
Naples Idaho P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel F Elder, Registrar.

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334755
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 805 Church St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 805 Church St.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho

4. FULL NAME OF CHILD Elmer Vernon Anderson

5. Date of Birth of Child (Month, day, year) Feb. 23, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arnt N. Anderson
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Guvaag (City or town) Norway (State or foreign country)
14. Exact Occupation Grocery store clerk and deliveryman
15. Industry or Business Frazier Grocery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helma G. Foss
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Menomonie (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. ~~Number of children of~~ this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for life years, and that Dr. O. F. (First name) Page (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Helma G. Anderson Signature
605 South Bernard St., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 14th day of February, 19 42.

(SEAL) Notary Public, residing at Spokane, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon the forms prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

516-102 009-368

334768

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 19 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Grassete
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Grassete
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho since 1906 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clyde Marcus Napier

5. Date of Birth of Child (Month, day, year) July 2-1912

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elijah A. Napier
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Marshfield (City or town) Missouri (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ethel Boyle
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Thomas (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 29 years, and that Mrs Sam, (First name) Hunn (Last name), who attended this birth (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Ethel Napier Signature
Bayview Idaho P. O. Address

Subscribed and sworn to before me this 16 day of Feb, 19 42

(SEAL) James J. Kelly Notary Public residing at Bayview

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

NOTARY PUBLIC FOR IDAHO
MY COMMISSION EXPIRES DEC. 1, 1944

Received for filing on FEB 19 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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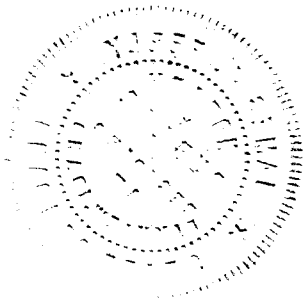


281-730031-667

334771

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 18 1942

State File No. 334771
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ..... (b) City Vollmer CITY
   (c) Street Address or R.F.D. No. .....
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ... years / months ... days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Wash. (b) County YAKIMA
   (c) City YAKIMA
   (d) Street Address or R.F.D. No. So. 1ST STREET
   (e) How long has **MOTHER** lived in Idaho? 1 Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) YAKIMA WN.

4. **FULL NAME OF CHILD** Delbert Shay

5. Date of Birth of Child (Month, day, year) 7-30-12

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ALVIN SHAY
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Dillon (City or town) Ill. (State or foreign country)
14. Exact Occupation STOCKMAN
15. Industry or Business LIVE STOCK BUYER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie MAY Fox
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace CLARINDA (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at 12:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of WASHINGTON } ss.
County of ~~IDAHO~~ YAKIMA }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, **being first duly sworn, say that I am the** MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 29 years, and that Dr. BURKE (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie S Shay Signature
2208 FRUITVALE BVLD. YAKIMA WN. P. O. Address

Subscribed and sworn to before me this 2 day of February, 1942.

(SEAL) ..... Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-220 018-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334791
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) Orofino
(a) County Clearwater (b) City ~~Orofino~~
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 mo. ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) Orofino, Idaho

4. **FULL NAME OF CHILD** Pearl Marie Downey
5. Date of Birth of Child (Month, day, year) Oct 20, 1912
6. Sex female
7. Twin or Triplet No — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Norris Downey
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inga Marie Larson
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) ~~Born alive and now living~~ 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that Mrs. (First name) Weisman (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Inga Marie Downey Signature
Cambridge Ida., P. O. Address

Subscribed and sworn to before me this 28th day of Feb., 1942
(SEAL) E W Gordon Notary Public, residing at Silverdale Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

JUN 12 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. ____ St. ____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

335124

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ethel Lucille Knull

3. Sex Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term Yes
7. Legitimate? Yes
8. Date of birth 12/19, 1942 (Month, Day, Year)

FATHER

9. Full name Ernest Clyde Knull
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls, Ida
11. Color or race White | 12. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Whitley Co, Ind.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Daisy Pearl Burgoyne
19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls, Ida
20. Color or race White | 21. Age at last birthday 17 (years)
22. Birthplace (city or place) (State or Country) Pain Co. Oklahoma

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living Yes (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 2.35 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____ M. D.
or Ernest Clyde Knull father ~~Midwife~~
Address Jerome, Idaho

Filed MAR 6 1942, 193 ____ Registrar.

Registrar.

254-219 042 249

STATE OF IDAHO

FEB 2[illegible] 42

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho } ss.
County of Jerome

Ernest Clyde Knull being first duly sworn says that

is the father (Relationship of child)* of Ethel Lucille Knull

born December 19, 1912 (Date of birth) at Twin Falls, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under ~~Chapter 139—1937 Session Laws of Idaho~~; and affiant further states that the facts contained in the certificate of birth of the said Ethel Lucille Knull

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Morgan, M. D., was the ~~Midwife~~ medical attendant at the birth of said Ethel Lucille Knull and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Ernest Clyde Knull

P. O. Address Jerome Idaho

Subscribed and sworn to before me this 21st day of February, 1942

Clark L. Krist
Notary Public.

Residing at Jerome, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

455126 037-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335127
Local Reg. No. 1
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Grant Ronald Deming

5. Date of Birth of Child (Month, day, year) Nov. 26, 1912

6. Sex m

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Granville Deming
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret L. Kidd
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Riverton Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO_3
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret L. Kidd (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. Bartlett M.D. ~~Midwife~~ Address Feb. 17 Date 1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure ~~to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-203-044 682

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335139
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No. R.F.D. #1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months Not known

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No. R.F.D. #1
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Idaho

4. **FULL NAME OF CHILD** Elsie Marie Moritz

5. Date of Birth of Child (Month, day, year) Dec. 3, 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Moritz
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Kratigen (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Wyssen
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ladholz (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that Mrs. Hatley (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Moritz Signature

Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 17 th day of February, 19 42.

(SEAL) Margaret Vogt Notary Public, residing at Cambridge, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

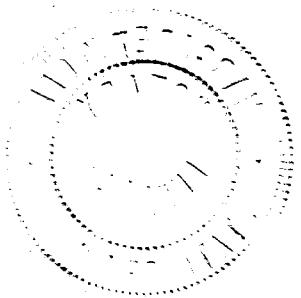
Received for filing on FEB 25 1942 by Mabel Heiden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



434725 010-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335153
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Lincoln
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Lincoln
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dayrl J. McMullin

5. Date of Birth of Child (Month, day, year) Dec. 25, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Willard Eli McMullin
11. Color or Race American
12. Age at time of THIS birth 28 yrs.
13. Birthplace Harrisburg, (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Henrietta Johnson
17. Color or Race American
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lehi, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. [redacted] prophylactic used to prevent Ophthalmia Neonatorum none

23. [redacted] children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I, [redacted], CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that Dr. Thomas Wilson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willard Eli McMullin Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of February, 19 42

(SEAL) ..... Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 0 1972

FEB 24 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689 708 031 689

335171

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce, Ida

4. FULL NAME OF CHILD Robert Burton White

5. Date of Birth of Child (Month, day, year) Dec. 8, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** James Burton White
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Fayetville, Arkansas. (City or town) (State or foreign country)
14. Exact Occupation Clerk District Court.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alva Overman White.
17. Color or Race White.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Grangeville, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housevife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 29 years, and that Dr. J.L. Kelly (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alva O. Conger Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of February, 1942

(SEAL) Perry W. Mitchell Notary Public, residing at Nezperce Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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893119-022-533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 935189
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 2 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rigby
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD GILBERT ELLIS HILL

5. Date of Birth of Child (Month, day, year) 7-19-12

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Hill

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Elnora Ann Ellis

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace Labelle, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that G. C. PAXTON (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elnora Ann Hill Signature

C/o Bear Creek Ranch, Irwin, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942

(SEAL) ..... Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is ~~punishable as a felony in Idaho; see Sec.~~ 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

JUL 16 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-114 022 632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335284
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth).
(a) County Freemont (b) City Lewisvill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Lewisville (b) County Freemont
(c) City Lewisvill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Palmer Calkins
5. Date of Birth of Child (Month, day, year) June 14-1912
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Veranon H Calkins
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Gentile Valley Idaho (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella Olsen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lorenzo Idaho (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Cascade } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 years, and that Dr. Tucker (First name) (Last name), who attended this birth not known if alive or not (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella Calkins Signature
Simms Montana P. O. Address

Subscribed and sworn to before me this 28th day of February, 1942
(SEAL) Irene Obstarczyk Notary Public, residing at Great Falls, Mont
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Expires Jan. 17, '44.

Received for filing on MAR 5 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. Money order forward

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 222 022.168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 335326
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City St. Anthony -Egin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Wilma Cleova Anderson

5. **DATE OF BIRTH** (Month, day, year) November 22, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Anderson

11. Color or Race White

12. Age at time of THIS birth 57 yrs.

13. Birthplace ? (City or Town) (State or foreign country)

14. Exact Occupation

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Sophia Johnson

17. Color or Race White

18. Age at time of THIS birth 46 yrs.

19. Birthplace Galva Illinois (City or Town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) February 6, 1942 (Date received) (b) Mabel F. Elifer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** W. B. West M.D. (D.O., Midwife, etc.)
and address St. Anthony, Idaho Date

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 8 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

15-4-220-016-314

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335421
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. R.F.D. (No#)
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. R.F.D. (No#)
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho.

4. FULL NAME OF CHILD Buena Evangeline Andersen

5. Date of Birth of Child (Month, day, year) May 20, 1912.

6. Sex Female

7. Twin or Triplet ? No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ander Christian Anderson
11. Color or Race Danish
12. Age at time of THIS birth 41 yrs.
13. Birthplace Copenhagen, (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Patience Lucinda Campbell
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Ogden, (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 a M. on the date and at the place stated above, and that personal particulars were furnished by Ander Christian Anderson (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item ~~4~~, above, that I am now 71 years of age, that I have known this person for 29 years, and that Dr. (First name) Patterson (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ander C Christian Anderson Signature

Jerome, Idaho. P. O. Address

Subscribed and sworn to before me this 4 day of March, 1942

(SEAL) Estella H. Burns Notary Public, residing at Jerome Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-120-209-267

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 4 1942

State File No. 335451
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Pend Oreille (b) City Sand Point
(c) Street Address or R.F.D. No. 412 4th ave
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 10 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Pend Oraille
(c) City Sand Point
(d) Street Address or R.F.D. No. 412 4th ave
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Herman Francis Benjamin

5. Date of Birth of Child (Month, day, year) Feb. 20, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Hiram Benjamin
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Irvington (City or town) Illinois (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Marble & Granite

MOTHER OF CHILD

16. FULL MAIDEN NAME Leona Elizabeth Bolden
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Elizabethtown, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not none

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Montana } ss.
County of Yellowstone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that Dr. (First name) Stackhouse (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F. H. Benjamin
Signature

NOTARY PUBLIC for the State of Montana
Residing at Billings, Montana
My commission expires July 12, 1944

Billings, Mont
P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942

(SEAL) E. Stackhouse Notary Public, residing at Billings, Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mary Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-1141034-993

335456

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Donovan Richard Candaux

5. Date of Birth of Child (Month, day, year) Feb 14 - 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis Francis Candaux
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Elizabeth (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Monnie A. Richardson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Pulman (City or town) Washington (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 11.30 P M. on the date and at the place stated above, and that personal particulars were furnished by Louis F. Candaux (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature C P Groom M.D. ~~Midwife~~ Address Paisbelo Date Feb 26/42

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-154-021-363

335526

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at mothers home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Fairview, Idaho

4. FULL NAME OF CHILD Willis Jacob Choules

5. Date of Birth of Child (Month, day, year) 8-4-1912

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jacob Hill Choules
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Fairview (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Irene Cole
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Fairview (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 30 years, and that Dr. Parkinson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~139~~, 1937 Session Laws.

Ellen Irene Choules Signature
Clifton, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of March, 19 42.
(SEAL) Susan Hopper Notary Public, residing at Clifton, Idaho.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mabel Hepler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1912-8508

445-100-022-455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335565
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) 12 mile
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. Got mail at St. A.
(d) Name of Hospital or Maternity Home: Mrs Watson near Farmer Idaho Midwife
(e) Mother's stay **BEFORE** delivery: at Home
IN **THIS** county All 10 years Six months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Floyd Alton DuVall July

5. Date of Birth of Child (Month, day, year) 11 - 1912

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 7

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Cyrus DuVall
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Gladstone (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Gathrine (DuVall) Denny
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Memphis (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living All

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Iowa
County of Muscatine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for all his life years, and that Mrs Watson (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Margaret Gathrine Denny DuVall Signature
P. O. Address

Subscribed and sworn to before me this 20th day of February 1942

(SEAL) J. J. Fishburn Notary Public, residing at Muscatine, Iowa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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699-108-042-863.

335600

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Id.

4. FULL NAME OF CHILD Glenn Alvin Wright

5. Date of Birth of Child (Month, day, year) Feb. 8, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Lee Wright
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Booneville, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Ann Holloway
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Harrisonville, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that Dr. John Morgan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lillie Ann Wright Signature
Route 2, Kimberly, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of January, 1942

(SEAL) [signature] Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1981

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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159-111-04-354

335777

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 2 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1111 No. 9th St.
(d) Name of Hospital or Maternity Home: Born at 1111 No. 9th St.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county -- years 11 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1111 No. 9th St.
(e) How long has **MOTHER** lived in Idaho? approx'l yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Robert Leddy Jerauld

5. Date of Birth of Child (Month, day, year) Dec. 11, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Rodman Ernest Jerauld
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Pawtucket (City or town) Rhode Island (State or foreign country)
14. Exact Occupation Local Mgr. General Electric Co.
15. Industry or Business Electric Machinery Sales

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Leddy Jerauld
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Cambridge (City or town) Mass. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ... M. on the date ... and at the place stated above, and that personal particulars were furnished by Rodman E. Jerauld (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature L. S. Williamson M.D. ~~Midwife~~ Address Hollywood Calif 1937 Taft Ave Date Feb 26 1942

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by ... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Dup # 1912 - 11405

DELAYED

154-202-006-319

335901

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: grandmothers home
IN **THIS** county 18 years months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~42~~ 13 yrs.

3. RESIDENCE OF FATHER (city, state) 32

4. FULL NAME OF CHILD Edith Matilda Andersen

5. Date of Birth of Child (Month, day, year) May 2-1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Amanuel Frederick Andersen
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Camilla Larsen
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Nakskov (City or town) Denmark (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Annie (First name) Anderson (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Oster M.D. Midwife Address Shelley + Idaho Date 3-10-42

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1945
MAR 14 1942
JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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559109 033439

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 3 1942

State File No. 335987
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Sugar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 46 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Paul Idaho

4. FULL NAME OF CHILD ALEXANDER NEIWERT

5. Date of Birth of Child (Month, day, year) Sept. 9 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME DAVID NEIWERT

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace New Vaimar (City or town) Russia (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME JULIA UTZ

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace NEW Vaimar (City or town) Russia (State or foreign country)

20. Exact Occupation FARMER

21. Industry or Business HOUSE Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at A M. on the date and at the place stated above and that personal particulars were furnished by David Neiwert (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature ~~M.D.~~ Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 years, and that Mrs. Mollie Webber (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Neiwert Signature

Paul Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 42.

(SEAL) Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Mabel H Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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769-21-4037 796

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 3 1942

State File No. 335988
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 37 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Bruneau, Idaho

3. RESIDENCE of FATHER (city, state) Bruneau, Ida.

4. FULL NAME OF CHILD Noil Imel Portlock

5. Date of Birth (Month, day year) Jan. 14, 1912

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mos.

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Harris Smith Portlock

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Emmett (City or town) Idaho (State or foreign country)

14. Exact Occupation Stock raising and farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Melissa Grove

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace Denver, Colorado (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Portlock (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J. C. Bartlett M.D. (D.O., Midwife, etc.)
and address Ontario, Oregon Date Feb 23-1944

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

MAR 3 1942

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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455-17-042-399

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335995
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Rt #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Cecil Howard Denney

5. Date of Birth of Child (Month, day, year) Feb 17, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate Yes

FATHER OF CHILD

10. FULL NAME Eddie Olando Denney

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Farmer City, Illinois (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle V. Criswell

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Atkinson Nebr. (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 29 years, and that Dr Clouchek (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle V Denney. Signature
1006 Poplar St - Buhl P. O. Address

Subscribed and sworn to before me this 5 day of March, 1942

(SEAL) Ellen M Parker Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mabel Whelan, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-205035893

336015

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Webb
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Webb
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD BESSIE MAY ROWLAND

5. Date of Birth of Child (Month, day, year) Jan. 5, 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Rowland
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Little Rock (City or town) Ark., (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Franklin Williams
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Little Rock (City or town) Ark., (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Opthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 30 years, and that Nellie (First name) Carpenter (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Vera Beatrice Shangle Signature

Commission expires July 30, 1945 110 East Cameron Kellogg Idaho P. O. Address

Subscribed and sworn to before me this 19th day of Febr., 19 42

(SEAL) Mary M. Stout Notary Public, residing at Kellogg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

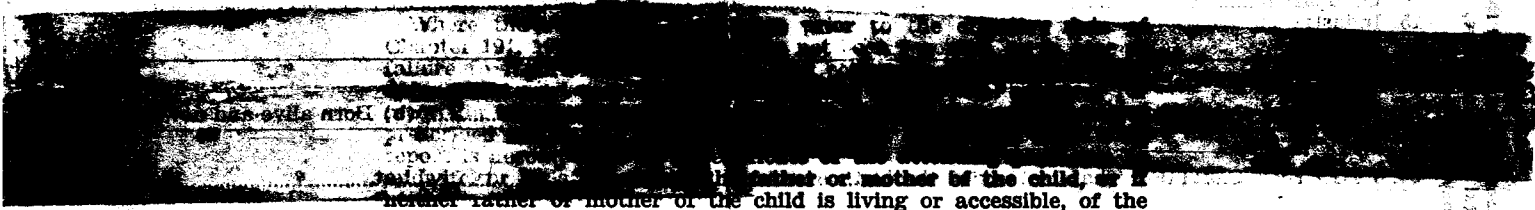
Received for filing on FEB 26 1942 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

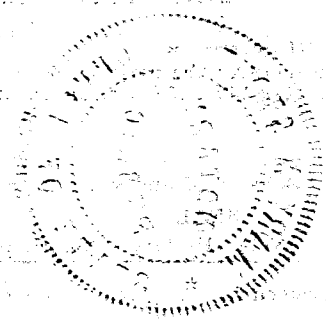
MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



...father or mother of the child, or if nearest father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



469 101 022 383

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336024
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. R.F.D. # 3
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. RFD 3
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD William Elias Morris

5. Date of Birth of Child (Month, day, year) 3-1-1912

6. Sex male

7. Twin or Triplet none If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elias Morris
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Morgan, Utah (City or town) (State or foreign country)
14. Exact Occupation day laborer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Tyler
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Huntington, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 30 years, and that Mary Ann Watts (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Tyler Morris Signature

Rexburg, RFD #3, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942

(SEAL) P. W. Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DLCP 02 1913-3043

318-16-02573764

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336030
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 12 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Homer Clarance Layton

5. Date of Birth of Child (Month, day, year) April 16, 1912

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Henry Layton
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Maude Boddy
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Smith Center, Kansas (City or town) (State or foreign country)
20. Exact Occupation waitress
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 29 years, and that Mrs. W. A. Foskett (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Maud Layton Signature

..... P. O. Address

Subscribed and sworn to before me this 27th day of February, 1942

(SEAL) W. D. Goldsworthy Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required in advance payment of fifty cents, money order or coin.

JAN 8 1974

MAR 16 1942

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

696-118 006869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 3 1942

336039

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City American Falls
(c) Street Address or R F D No. 1
(d) Name of Hospital or Maternity Home: Home of parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county no years 10 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Washington. (b) County Walla Walla.
(c) City Walla Walla.
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? Wash. yrs.
(f) Mother's mailing address Walla Walla, Wash.
3. **RESIDENCE OF FATHER** (city, state) Walla Walla. Washington.

4. **FULL NAME OF CHILD** Helmuth George Froese
5. Date of Birth (Month, day, year) Feb. 18, 1912
6. Sex. Male
7. Twin or Triplet neither If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Gustav D. Froese
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Samara (City or town) Russia (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frieda Johanna Horsch.
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Wurtsburg (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother)

26. (a) ..... (Date received) (b) Mark Hoefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Washington. } ss.
County of Walla Walla. }

AFFIDAVIT To be completed when the attendant at birth is **NOT LIVING or CANNOT BE LOCATED.**

I, Gustav D. Froese, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helmuth Gerhard Froese (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Noth (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Gustav D. Froese ..... Name

MAR 3 1942 Rfd #4, Walla Walla, Washington. ..... P. O. Address

Subscribed and sworn to before me on this 24th day of February, 1942.

(SEAL) ..... Notary Public, residing at Walla Walla, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-112 010-296

MAR 5 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 336052

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Shelton
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or ~~Inst.~~ Home ..... days.
In **THIS** county ____ years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Shelton
(d) Street Address or R.F.D. No. Route 2
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address 255 E 16th

3. **RESIDENCE of FATHER** (city, state): deceased

4. **FULL NAME OF CHILD** Vernal Wayne Smith

5. Date of Birth (Month, day, year) Nov 12, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Roy William Smith
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Cedar City, Utah (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inez Erma Brown
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Billings, Montana (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Inez Bates, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vernal Wayne Smith as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Howard (Name of attendant at birth), who attended said birth, is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Inez Erma Bates Signature

255 E. 16th P. O. Address

Subscribed and sworn to before me on this 3 day of March 1942

(SEAL)

Notary Public, residing at Idaho Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-113-003-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336192
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 728 N. Harrison
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery; IN **THIS** county years since 1907 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 728 N. Harrison
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Harry Kenneth Brown

5. Date of Birth of Child (Month, day, year) Mar. 13, 1912

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Amner Brown
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Sylvania (City or town) Missouri (State or foreign country)
14. Exact Occupation R.R. Engineer
15. Industry or Business U.P.R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Moore
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Willow Springs, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for all his life years, and that H. A. Castle (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Brown Signature
526 South Johnson, Pocatello, Ida P. O. Address

Subscribed and sworn to before me this 27 day of February 1942, 19

(SEAL) [signature] Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

MAR 9 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849/105 040-313

336299

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Wardner Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner, Idaho

4. FULL NAME OF CHILD Alfred William Quince

5. Date of Birth of Child (Month, day, year) Sept. 5, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Allan Quince
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Lamont (City or town) Illinois (State or foreign country)
14. Exact Occupation Laborer at Bunker Hill
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna La Clair
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Chateugay (City or town) New York (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature J. R. Mason M.D. Midwife Address Kellogg, Ida. Date 3/10-42

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Ida

4. FULL NAME OF CHILD Mary Alberta Neal

5. Date of Birth of Child (Month, day, year) Oct. 2, 1912

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alvin Lee Neal
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Washington Co. Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Louysa Bunce
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Des Moines Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Iowa
County of Polk } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item ~~4, above, that~~ I am now 54 years of age, that I have known this person for 29 ~~years,~~ and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Louysa Neal Signature
1548 Harding Rd. Des Moines, Ia. P. O. Address

Subscribed and sworn to before me this 28 day of February, 1942
(SEAL) Geo. W. Wissel Notary Public, residing at Des Moines Ia.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 9 1942

State File No. 336392
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Maurice Elmer Wood

5. Date of Birth of Child (Month, day, year) Nov. 9, 1912

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Wood
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace State of Kan. (City or town) (State or foreign country)
14. Exact Occupation Woods-man
15. Industry or Business Do

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dona Taylor
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace State of Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Do.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 30 years, and that Mrs. George (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Wood Signature
Southwick, Ida. P. O. Address

Subscribed and sworn to before me this 6 day of Mar., 1942
(SEAL) John S. Phillips Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

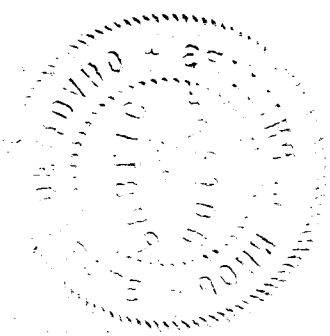
MAR 18

SEP 6 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



397 124 016-296

336402

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA (b) City MALTA
(c) Street Address or R.F.D. No. Not known
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City MALTA
(d) Street Address or R.F.D. No. Not known
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) MALTA IDAHO

4. FULL NAME OF CHILD WILLIE NORTHWAY TIPTON

5. Date of Birth of Child (Month, day, year) JAN. 24, 1912

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM MARTIN TIPTON
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace PRESTONSBURG (City or town) KENTUCKY (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MALINDA BROWN
17. Color or Race WHITE
18. Age at time of THIS birth 41 yrs.
19. Birthplace McDOWELL (City or town) KENTUCKY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of OREGON
County of KLAMATH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 30 years, and that MARTHA JONES (First name) & ARMINA JONES (Last name) who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Malinda Tipton Signature
1763 DERBY St KLAMATH FALLS ORE. P. O. Address

Subscribed and sworn to before me this 5 day of March, 1942
(SEAL) Ray Condit Notary Public, residing at Klamath Falls, Ore.
Notary Public for Oregon
commission expires Oct. 28, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

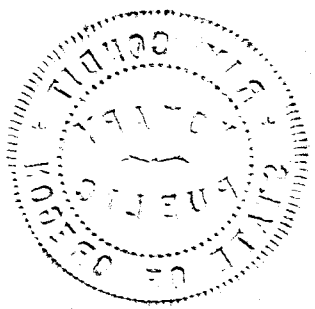
MAR 8 942

SEP 16 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



152-125014-485

336432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Middleton, Ida

4. FULL NAME OF CHILD Roy Lawrence Jessen

5. Date of Birth of Child (Month, day, year) Aug. 25. 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Jessell
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Kolding (City or town) Denmark (State or foreign country)
14. Exact Occupation Painting X
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Elizabeth Myers
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Winnebeg (City or town) Illinois (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive~~ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for since birth to write years, and that Dora Myers (First name) (Last name), who attended this birth Very sick not able (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Elizebeth Jessen Mother Signature
Middleton, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of March, 1942.

(SEAL) Emma E Thompson Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mabel F Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1973

SEP 20 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413-20-4025-719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336474
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** BLANCHE FENELLA MATLOCK

5. Date of Birth of Child (Month, day, year) March 4, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Claude Matlock
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Athens (City or town) Tennessee (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business ranch

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anne Lee Parkinson
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Riceville, (City or town) Tennessee (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Anne Lee Matlock (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Kern }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 29 years, and that Dr. McMahon (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anne Lee Parkinson Matlock Parish Signature

804 North St., Taft, Californai P. O. Address

MY COMMISSION EXPIRES NOV. 21, 1942

Subscribed and sworn to before me this 3rd day of March, 19 42.

(SEAL) Alma Wilson Notary Public, residing at THE FORT, TAFT, CALIFORNI

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary + Clerk, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-215035442

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336519
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 2503-Main St
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 3 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nex Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 2503-Main St.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston-Ida.

4. **FULL NAME OF CHILD** Lena Moscato

5. Date of Birth of Child (Month, day, year) 3-15-1912

6. Sex girl

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Antonio Moscato
11. Color or Race Itallian
12. Age at time of THIS birth 45 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation gardner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Muselino
17. Color or Race Italian
18. Age at time of THIS birth 43 yrs.
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that Lafayette (First name) Inman (Last name), who attended this birth deceasad (Is now deceased) or (Cannot be located) 29. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carmelo Cotroneo Signature

Route #2 - Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of Mar., 19 42.

(SEAL) Fred D. Wooten Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

858 711 026-255

336529

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State ~~Utah~~ Idaho (b) County ~~Cache~~ Jefferson
(c) City ~~Newton~~ Rigby
(d) Street Address or R.F.D. No. ~~none~~ RFD #1
(e) How long has **MOTHER** lived in Idaho? ~~31~~ 2 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Wilford Wendell Heyrend

5. Date of Birth of Child (Month, day, year) 12-11-12

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wilford Frederic Heyrend
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Providence, Utah (City or town) (State or foreign country)
14. Exact Occupation teacher and farming
15. Industry or Business teaching and farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Marie Benson
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Newton Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 - 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Wilford F. Heyrend (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature A. M. Palmer M.D. ~~Midwife~~ Address Oakland, Calif. Date 2-21-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

✓ 292.229 042 · 292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336702
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: xxx
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gertrude Helen Sisson

5. Date of Birth of Child (Month, day, year) April 29, 1912

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Levi Whitlock Sisson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Winona County (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna May Grieve Sisson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Guthrie County, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna May (First name) Grieve Sisson (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Bertha G. Wilson R.N. M.D. Midwife Address 415 - 3rd Ave. N Date March 13, '42

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years, and that Bertha (First name) Wilson (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214 126-030-312

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336817
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Gilmore
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years / months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Gilmore
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gilmore, Idaho

4. **FULL NAME OF CHILD** David Watson Damewood

5. Date of Birth of Child (Month, day, year) Oct. 6, 1912

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edgar Watson Damewood
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Judson (City or town), Indianna (State or foreign country)
14. Exact Occupation Proprietor
15. Industry or Business Hotel
22. Name [illegible]

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cornelia Laswell
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Mexico (City or town), Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Cornelia (First name) Laswell (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that Paul (First name) M. D. (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cornelia Laswell Damewood Signature
(Mother) Pocatello, Ida. P. O. Address

Subscribed and sworn to before me this 28th day of February, 1942.
(SEAL) Grace Buttline Notary Public, residing at Pocatello, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission exp. Aug 3/1945

Received for filing on MAR 19 1942 by Mabel Keeler, Registrar.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of

[redacted]

prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

498-127-002455

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336878
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City New Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county years 8 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Nearly all life yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Frank Vernon Dryden

5. Date of Birth of Child (Month, day, year) August 27 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Marshall Howard Dryden
11. Color or Race White
12. Age at time of THIS birth 61 yrs.
13. Birthplace Missouri (City or town) Missouri (State or foreign country)
14. Exact Occupation Livery Stable Man
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Margaret Denny
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Salmon (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 29 years, and that Dr. (First name) Harris (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Margaret Adams Signature
2011-10th Ave Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 7 day of March, 1942.
(SEAL) C. P. Hinden Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-114 035-795

336895

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336895
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County NEZ PERCE (b) City SWEETWATER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City JULIAETTA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** MILES FRANKLIN SCOTT

5. Date of Birth of Child (Month, day, year) FEB 14th 1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ULYSSUS DOW SCOTT
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace EUREKA (City or town) CALIF. (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LYDIA PEARL PIERCE
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace MOSCOW (City or town) IDAHO (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown - as Dr is deceased
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 30 years, and that A. BORNS (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1907 Session Laws.

Lydia Pearl Scott Signature
JULIAETTA. IDAHO P. O. Address

Subscribed and sworn to before me this 27 day of Feb 1942

(SEAL)

Notary Public, residing at Kendrick Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by ..... Registrar.

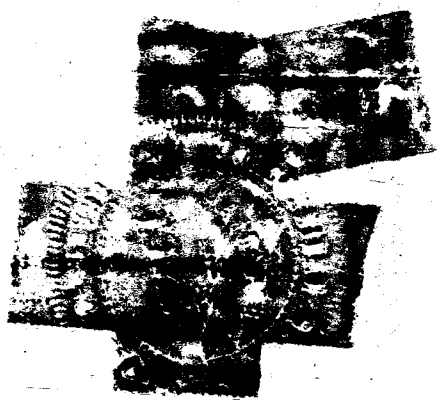
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



262-104 042 432

336960

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Elvis Arnold Boswell

5. Date of Birth of Child (Month, day, year) August 4-1912

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George A Boswell
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Paradise (City or town) Texas (State or foreign country)
14. Exact Occupation Farmer + Stock Raising
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Blanche McKinney
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Lima (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature Mose Stevens M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-116-030-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 19 1942

State File No. 337954
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Baker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Baker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Baker, Idaho

4. FULL NAME OF CHILD Harry Martin Bolander

5. Date of Birth of Child (Month, day, year) Aug. 16, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Bolander
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Breta Olivia Westine
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 30 years, and that DR. HAMMER [redacted] (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Martina Dagny Bailey Signature
603 N. Main St., Butte, Montana P. O. Address

Subscribed and sworn to before me this 10 day of March, 1942.

(SEAL) B. A. Risley Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 12,914, Idaho Code Annotated.)

Received for filing on residing at Butte, Montana, My commission expires Feb. 1, 1943. by Mabel L. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

841-101-028-789

338020

338020

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

MAR 25 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338020
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 130 Lakeside
(d) Name of Hospital or Maternity Home: Home of Parents
(e) Mother's stay BEFORE delivery: IN THIS county 2 years / months / days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 130 Lakeside
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD William Phinney Quarles

5. Date of Birth of Child (Month, day, year) Feb 1st 1912

6. Sex Male

7. Twin or Triplet /

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Clyde Quarles

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Kalah (City or town) Idaho (State or foreign country)

14. Exact Occupation Deputy Auditor Kootenai Co.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nelly Louise Phinney

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Minnesota (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 27 years of age, that I have known this person for 30 years, and that Dr John - Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Clyde Quarles Signature

P. O. Address

Subscribed and sworn to before me this 25th day of March, 19 42

(SEAL) C. F. Van Voorhis Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires June 11, 1942

Received for filing on MAR 25 1942 by Mabel F Elder, Registrar.

DEC 1 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-117-042-618 338090

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338090
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 120-10th Ave. E.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Twin Falls (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 120-10th Ave. E.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Richard Perry Duvall

5. Date of Birth of Child (Month, day, year) 1-17-1912

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver P. Duvall
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Albany, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Goldie C. Fahlgren
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Gaylord, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

We, the undersigned, being first duly sworn, say that ~~I am~~ Weare the Father & Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57&53 years of age, that I have known this person for 30 years, and that Dr. John R. Morgan (First name) (Last name), who attended this birth is deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oliver P. Duvall Signature
Goldie C. Duvall P. O. Address

Subscribed and sworn to before me this 25th day of March, 1942.
(SEAL) Frank L. Stephan Notary Public, residing at Twin Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1942

MAY 4 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-22-014-289

338091

United States Department of Commerce
Bureau of the Census

MAR 28 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338091
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. RR 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 4 days 18

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. RR 2
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Wilma Clara Shryack

5. Date of Birth of Child (Month, day, year) Aug 21 - 1913

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Walter Shryack
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Vienna (City or town) Ohio (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Lettie Shryack
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Mc Cracken (City or town) Kansas (State or foreign country)
20. Exact Occupation house keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that Dr. Isaac Payne (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Lettie Shryack Signature

P. O. Address

Subscribed and sworn to before me this 5th day of March, 19 42

(SEAL) Donald C. Fatta Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1942 by Mary F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

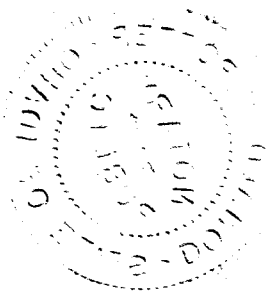
DEC 29 1964

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



551-226-014-331

338129

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).
(a) County Custer (b) City Darlington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 27 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Darlington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Darlington Ida

4. FULL NAME OF CHILD Velma Grace Evans

5. Date of Birth of Child (Month, day, year) June 26-1912

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Henry Evans
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Birmingham (City or town) Alabama (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Catherine Clapp
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Chester (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 29 years, and that Mary (First name) Clapp (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina Olsen Signature
Iona Ida P. O. Address

Subscribed and sworn to before me this 3 day of Mar, 1942
(SEAL) Eugene Olsen Notary Public, residing at Iona Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-714-022-279

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 17 1942

State File No. 338162
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 0 days. IN THIS county 5 years 9 month 28 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 5 yrs 9 mo 28 days yrs.
(f) Mother's mailing address Parker Idaho

3. RESIDENCE of FATHER (city, state) Parker Idaho

4. FULL NAME OF CHILD Hilton David Mason
5. Date of Birth (Month, day year) May 14, 1912
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Norman Harold Mason	16. FULL MAIDEN NAME Julia Iley Springsteed
11. Color or Race White 12. Age at time of THIS birth 31 yrs.	17. Color or Race White 18. Age at time of THIS birth 24 yrs
13. Birthplace Morgan (City or town) Utah (State or foreign country)	19. Birthplace Fort Collins (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business Farmer	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Fred H. Mason (First name) (Last name), who is related to this child as uncle (Mother, etc.)

26. (a) (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Louisa G. Davis ~~M.D.~~ ~~(D.O.,~~ Midwife, ~~etc.)~~ and address St. Anthony Ida Date Aug 18/41

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred H. Mason, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hilton David Mason (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Louisa G. Davis (Name of attendant at birth), who attended said birth ~~is living and signed~~ the above certificate (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fred H. Mason Signature
St Anthony P. O. Address

Subscribed and sworn to before me on this 12 day of March, 1942

(SEAL) Richibald Notary Public, residing at St. Anthony Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

571-129-003-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338165
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Central
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: At Family Home
(e) Mother's stay BEFORE delivery: IN THIS county 12 years 11 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Central
(d) Street Address or R.F.D. No. None. D.
(e) How long has MOTHER lived in Idaho? 17-11 M. 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alva Merlin Egan

5. Date of Birth of Child (Month, day, year) Sept. 29-1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME James Alva Egan
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Thrasher & Carpenter
15. Industry or Business X

MOTHER OF CHILD

16. FULL MAIDEN NAME Zina Gertrude Christensen
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 29 years, and that John (First name) Hubbard (Last name), who attended this birth X (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zina C. Egan Signature
404 N 8th Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942

(SEAL) [signature] Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mabel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

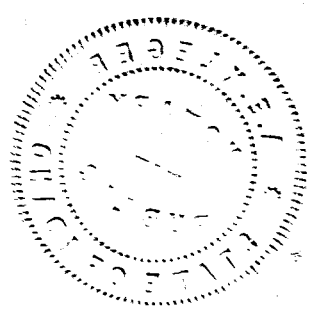
JAN 17 1962

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



553 - 205-009-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338166
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Careywood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Careywood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Six yrs.

3. RESIDENCE OF FATHER (city, state) Careywood, Ida.

4. FULL NAME OF CHILD Helen Marjorie Nelson

5. Date of Birth of Child (Month, day, year) Dec. 5, 1912

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8¾

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew W. Nelson
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Greflunda (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mathilda Kristin Petterson
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid solution

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 29 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew W. Nelson Signature
Careywood Ida P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942
(SEAL) T. P. Keever Notary Public, residing at Sandpoint, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-109-022-993

338176

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Ida

4. FULL NAME OF CHILD George Fredrick Marotz

5. Date of Birth of Child (Month, day, year) Nov. 9, 1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Max William Marotz
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Selma Zitkowski
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Culm (City or town) Germany (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Emma (First name) Marotz (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Otto Stegelmier ~~M.D.~~ Midwife Address Ashton, Ida Date Feb 26, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-212-007467

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338200
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county 9 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs 7 months yrs.

3. RESIDENCE OF FATHER (city, state) 2 yrs. 7 months

4. FULL NAME OF CHILD Lena Winifred Winegar

5. Date of Birth of Child (Month, day, year) Nov. 12, 1912

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Willard Watson Winegar
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace St. Charles (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Wofford
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Buena Vista (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 29 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Winegar Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942.

(SEAL) W. A. Kreager Notary Public, residing at Salem Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Aug 12, 1942

Received for filing on MAR 16 by Mabel Hedden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup # 1912 - 9823

DELAYED

243-125-010-419

MAR 10 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338214
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 11 St.
(d) Name of Hospital or Maternity Home: Rented Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 15 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 44 yrs.
(f) Mother's mailing address Swan Valley

3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Harold Lester Butler

5. Date of Birth (Month, day, year) Jan 25-1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME George Samuel Butler	16. FULL MAIDEN NAME Margaret Booth Martin
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 35 yrs.	18. Age at time of THIS birth 30 yrs.
13. Birthplace Grace (City or town) Idaho (State or foreign country)	19. Birthplace Evanston (City or town) Wyoming (State or foreign country)
14. Exact Occupation General Rancher	20. Exact Occupation General Rancher
15. Industry or Business Ranching	21. Industry or Business Ranching

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
City and County of San Francisco } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MARGARET BUTLER, being first duly sworn, say that I am related to (Related to (or) acquainted with) GEORGE SAMUEL BUTLER (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nettie Freeze (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret Butler, Signature
Swan Valley, Idaho P.O. Address

Subscribed and sworn to before me on this 10th day of February, 1942

(SEAL) Sinclair G. Trimble Notary Public, residing at San Francisco

County of San Francisco State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 5 1973

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-122-028-613

338218

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 17 1942

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Coeur d Alene (b) City Kootenai
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. 514 McKinley Ave
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Ida.

4. **FULL NAME OF CHILD** Richard WALTMAN TURNBOW

5. Date of Birth (Month, day, year) April 22, 1942

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Winfred Bud Turnbow
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Palouse (City or town) Wash. (State or foreign country)
14. Exact Occupation Bookeeper
15. Industry or Business Bunker Hill & Sull. Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lottie Pearl WALTMAN
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Rockford (City or town) Wash. (State or foreign country)
20. Exact Occupation.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b) Mabel Whelpley (Registrar's signature)

25. Attendant's **OWN** signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....(Registrar's signature)

State of Idaho }
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. B. Turnbow being first duly sworn, say that I am: the Father (Related to (or) acquainted with) of Richard Waltman Turnbow (Name of person on certificate above) Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x W B Turnbow Name

134 E. Market Ave Kellogg Idaho P. O. Address

Subscribed and sworn to before me on this 13th day of March - 1942

(SEAL) Robt. L. Duvall Notary Public, residing at Kellogg, Idaho

NOTARY PUBLIC, residing at Kellogg, Idaho
My commission expires March 15, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-128-001-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338232
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Rt 1 Meridian
(d) Name of Hospital or Maternity Home: St. Alphonsus
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Rogerson
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wilbur Edward Helsley

5. Date of Birth of Child (Month, day, year) May 28, 1912

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Helsley
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Carthage (City or town) Missouri (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva June Shaw
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Meridian, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Argyol.
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living —

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 3:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Eva Helsley (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Fred A Tuttle Jr M.D. Midwife Address Boise, Idaho Date 3-21-42.

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 '342

MAR 18 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-101-023-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338248
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho, (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 mo. yrs

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD John Bradley Wilmot

5. Date of Birth of Child (Month, day, year) Sept. 1, 1912

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Elmer Wilmot
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Knox Co. (City or town) Ill. near Wataga (State or foreign country)
14. Exact Occupation Timekeeper for S. P.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Etta Severns
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Livingston Co. (City or town) Missouri near Avalon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Lane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 29 years, and that Dr. Cummings (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Etta Wilmot Signature
1499 Willard St. Eugene, Oregon P. O. Address

Subscribed and sworn to before me this 20th day of March, 19 42.

(SEAL) Bernice Sanders Notary Public, residing at Eugene, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my com. exp. 9-24-45

Received for filing on MAR 23 1942 by Earl [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-204017-763

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338283
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County [redacted]ark (b) City Kilgore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years 7 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Spencer
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) North Dakota

4. FULL NAME OF CHILD Mary Lee Wilson

5. Date of Birth of Child (Month, day, year) May 4, 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Sterling Price Wilson
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Chantilly (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Jane Pollard
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Chantilly (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Clark }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 20 years, and that Dr. Oscar DeHart (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie J. Wilson Barney Signature
Kilgore, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of March, 1942

(SEAL) C. W. Handy Notary Public, residing at Spencer Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mary E. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

694-104-028-214

338335

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. Fernan Lake
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Nine years Eight months Three days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No. Fernan Lake
(e) How long has **MOTHER** lived in Idaho? Nine yrs.

3. RESIDENCE OF FATHER (city, state) Idaho C.D.Al

4. FULL NAME OF CHILD Thaddeus H.Fruechtl

5. Date of Birth of Child (Month, day, year) June 4.1912

6. Sex Male **7.** Twin or Triplet --- If so—born 1st, 2nd, 3rd --- **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis X. Fruechtl
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Munich (City or town) Germany (State or foreign country)
14. Exact Occupation Mason Contractor
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Theresa Baur
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Herbertshofen (City or town) Germany (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business ------

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child Seven (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature Dr. John Busby dec. M.D. Midwife Address Date

State of IDAHO
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 29 years, and that Dr. John Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theresa Fruechtl Signature
2113 Sherman Ave., Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of March, 19 42.
(SEAL) ____ Notary Public, residing at Coeur d'Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-27-040-997

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338488
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Murray, Ida.

4. FULL NAME OF CHILD ALEXANDER FONSO WILSON COOPER

5. Date of Birth of Child (Month, day, year) Nov. 27, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Brazillia Cooper
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Piedmont (City or town) Kansas (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hulda Henrietta Rix
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Fort Calhoun (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Dr. Leisher, deceased. M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 1/3 years, and that Dr. Leisher (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Hulda H. Cooper Signature
1908 E. 6th Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 21 day of March, 19 42.
(SEAL) Lorraine D. Peterson Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-101-028-466

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338500

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at private home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 3 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address Harrison Ida

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** John Frank Sciuchetti

5. Date of Birth (Month, day year) July 1, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sam Sciuchetti
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carmelina Mooraffia
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 a.M. on the date and at the place stated above, and that personal particulars were furnished by Carmelina (First name) Sciuchetti (Last name) who is related to this child as Mother (Mother, etc.)
26. (a) MAR 23 1942 (Date received) (b) (Registrar's signature)
27. Given name added on (Date) (Registrar's signature)
25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Carmelina Sciuchetti, being first duly sworn, say that I am related (Related to (or) acquainted with) John Frank Sciuchetti (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carmelina Sciuchetti Signature

418 W. Riv. Kellogg Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of March 19 42

(SEAL) Mary M Stout Notary Public, residing at Kellogg Idaho.

MAR 30 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 194

MAR 30 1945

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 12-7591

533-121-217-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338505
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clark (b) City Kilgore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 10 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Kilgore - Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leland Erwin Ellis

5. Date of Birth of Child (Month, day, year) August 21, 1912

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Erwin Ellis
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Perryville (City or town) Missouri (State or foreign country)
14. Exact Occupation Foreman
15. Industry or Business Wood Livestock Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Collins
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Lago, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Ellis (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 29 years, and that Doctor DeHart (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Erwin Ellis Signature
454 So 9th, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of March, 1942
(SEAL) Norman V. Fedfeld Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mark F. Fedfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where ~~the birth of a child born prior~~ to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-107-008-264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338574
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 8 Yrs yrs.

3. RESIDENCE OF FATHER (city, state) Sweet, Idaho

4. FULL NAME OF CHILD Arial Smith Woody

5. Date of Birth of Child (Month, day, year) Apr. 7, 1912

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9 mo.

9. Legitimate yes

FATHER OF CHILD

10. **FULL NAME** Dan W. Woody
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Emmett, Idaho (City or town) (State or foreign country)
14. Exact Occupation Forest Ranger
15. Industry or Business U. S. Forest Service

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marjorie Soule
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Princeton, Minn (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that Mrs Hanley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dan W. Woody Signature

San Fernando, California Box 91 P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942

(SEAL) Anna Mae Camen Notary Public, residing at San Fernando Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-227-029-595

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338587
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Cora
(c) Street Address or R.F.D. No. R.F.D. 3 Garfield, Wash
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Montana (b) County Chouteau
(c) City Flowerree
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? visiting yrs.

3. RESIDENCE OF FATHER (city, state) Flowerree, Mont.

4. FULL NAME OF CHILD Helen Margaret Strong

5. Date of Birth of Child (Month, day, year) Dec. 27, 1941

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Fred Strong
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Ruth Viney
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Bloomington Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Montana } ss.
County of Glacier }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that Dr. Paul Wiesek (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Strong ..... Signature
Cut Bank, Mont. ..... P. O. Address

Subscribed and sworn to before me this 18th day of March, 1942

(SEAL) A. C. Clayton ..... Notary Public, residing at Cut Bank, Mont.
NOTARY PUBLIC for Montana
Residing at Cut Bank, Montana
My Commission Expires July 14, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 21 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

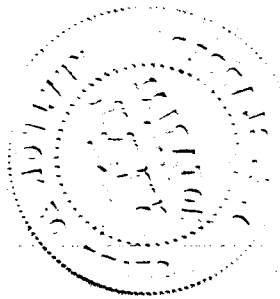
MAR 30 1942

JAN 28 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



555-127-044-897

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338608
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at family home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clark Henry Neeley

5. Date of Birth of Child (Month, day, year) Dec. 27-1912

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John C. Neeley
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace Scott County Va.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lorena Atyeo
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace Dalton, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mrs W R Boyd M.D. Midwife Address Weiser Ida Date Mar 5

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 years, and that Mrs W R Boyd (First name) (Last name), who attended this birth is now Weiser (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorena Neeley Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 4 day of March, 19 42

(SEAL) Ed Lloyd Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

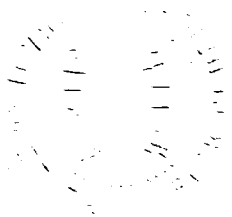
Received for filing on MAR 6 1942 by Mary M Taylor, Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Dup of 1912-10953

DELAYED

289-115-001-291

MAR 11 1942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338610
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Caldwell
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Caldwell
(d) Street Address or R.F.D.No. Don't know
(e) How long has **MOTHER** lived in Idaho? 18 mos
(f) Mother's mailing address Caldwell, Idaho

3. RESIDENCE of FATHER (city, state) Caldwell

4. FULL NAME OF CHILD Harold Idaho Shriner

5. Date of Birth (Month, day year) 12/15/1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roland U Shriner

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Bluffton, Ohio. (City or town) (State or foreign country)

14. Exact Occupation Well Driller

15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Ann Bracken

17. Color or Race White

18. Age at time of THIS birth 33 yrs

19. Birthplace Story City, Ia (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosa Ann Bracken Shriner, being first duly sworn, say that I am mother (Related to (or) acquainted with) Herold Idaho Shriner (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that had no attendant (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Rosa Ann Bracken Shriner Signature

527 So. Manhattan Pl., Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me on this 21st day of February 1942

(SEAL) John D. Goddard Notary Public, residing at Los Angeles Calif.

MY COMMISSION EXPIRES NOVEMBER 14, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

MAY 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

619-125-002-H3

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338724
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADAMS (b) City MEADOWS
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 6 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADAMS
   (c) City MEADOWS
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12½ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** NEAL STANLEY WARREN

5. Date of Birth of Child (Month, day, year) JUNE 25 1912

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** LUTHER STANLEY WARREN
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace LINCOLN (City or town) NEBRASKA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LULU MAY SACKETT
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace BOURBON COUNTY (City or town) KANSAS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living TWO

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 29 years, and that W. Harris (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulu M. Warren Signature

Maplewood, Oregon P. O. Address

Subscribed and sworn to before me this 24th day of March, 19 42

(SEAL) Libby J. Jones Notary Public Residing at Multnomah County, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Feb. 28, 1946

Received for filing on MAR 25 1942 by Mabel Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

-666-106-014-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338732
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City NAMPA
(c) Street Address or R.F.D. No. 523 ~~no~~ 14 no
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years ? months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Nampa
(d) Street Address or R.F.D. No. 523 14 no
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Henry Offelman

5. Date of Birth of Child (Month, day, year) Sept 6 1912

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Jacob Offelman
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Elizabeth Schaeffer
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Russia (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 yrs years of age, that I have known this person for 30 yrs years, and that Katherine Leis (First name) (Last name), who attended this birth Henry Offelman (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Leis Signature
Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 23d day of March, 1942
(SEAL) H F Sinclair Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope + bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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55-8-104-033-386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338776
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County MADISON (b) City REXBURG
(c) Street Address or R.F.D. No. NO. HIGHWAY
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County MADISON
(c) City REXBURG
(d) Street Address or R.F.D. No. NO. HIGHWAY
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) LOS ANGELES

4. FULL NAME OF CHILD CALVIN EARL NEYLN

5. Date of Birth of Child (Month, day, year) MAY 4 1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy (9)

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME THOMAS HEATON NEYMAN

11. Color or Race WHITE

12. Age at time of THIS birth 20 yrs.

13. Birthplace MANHATTAN (City or town) KANSAS (State or foreign country)

14. Exact Occupation RESTAURANT OWNER

15. Industry or Business RESTAURANT BUSINESS

MOTHER OF CHILD

16. FULL MAIDEN NAME SADIE IRENE THORNTON

17. Color or Race WHITE

18. Age at time of THIS birth 20 yrs.

19. Birthplace REXBURG (City or town) IDAHO (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Earl Neyman (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Joseph R Walker M.D. Address Rexburg, Idaho Date 5-4, 1912

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mabel H Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1974

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-120-030-993

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338781
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD Walter Currier

5. Date of Birth of Child (Month, day, year) Jan. 20, 1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Currier
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Salmon, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Elizabeth Richardson
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Salmon, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 30 years, and that Fannie (First name) Pugh (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Elizabeth Marshall Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of March, 1942
(SEAL) W.W.Simmonds, Clerk of the District Court, in and for Lemhi County, Idaho Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Clover Edwards Deputy

Received for filing on MAR 21 1942 by Mary Allen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-119-040-845

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338788
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kingston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Eagle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Eagle

4. FULL NAME OF CHILD Joseph Cyrus Avery

5. Date of Birth of Child (Month, day, year) Nov. 19, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Cyrus Avery
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Binghamton (City or town) N.Y. (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mila Ann Hunt
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Schuylar (City or town) Nebr. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 3:40 a. M. on the date and at the place stated above, and that personal particulars were furnished by Mila (First name) A (Last name) Avery, who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 29 years, and that Mrs. (First name) Janette (Last name) Hunt, who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mila A. Avery Signature

Kingston Idaho P. O. Address

Commission expires July 30, 1945

Subscribed and sworn to before me this 11 day of March, 19 42

(SEAL) Mary M. Stout Notary Public, residing at Kellogg Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mabel Knapp, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-425-029-296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338976
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. R.F.D. 4
(d) Name of Hospital or Maternity Home Genesee Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. R.F.D. 4
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Maurice Charles Krier

5. Date of Birth of Child (Month, day, year) Dec. 25, 1917

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Phillips Krier

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Caledonia (City or town), Minnesota (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Johanna Broemeling

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Canada (City or town), Russia (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 29 years, and that Mary (First name) Broemeling (Last name) who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Johanna Krier Signature

Genesee Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942

(SEAL) [illegible] Notary Public, residing at Genesee Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-110-022-914

339039

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton Idaho

4. FULL NAME OF CHILD William Albert Olsen

5. Date of Birth of Child (Month, day, year) Sept 10, 1912

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Randolph Olsen
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Mink Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation Day laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Ramsay
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Muddy Creek (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Laura Olsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Ashton Idaho Date 3-21-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

AUG 1 3 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-10-1003-759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339106
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Bancorft
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address (For registration notice):
Marion Wilson, Soda Springs
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Bancroft

4. **FULL NAME OF CHILD** Elza Elden Wilson

5. **DATE OF BIRTH** (Month, day, year) 9/7/1912

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate yes

FATHER OF CHILD

10. **FULL NAME** Francis Marion Wilson

11. Color or Race W

12. Age at time of THIS birth 50 yrs.

13. Birthplace Fremont Co., Iowa
(City or Town) (State or foreign country)

14. Exact Occupation rancher

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha J. Perkins

17. Color or Race W

18. Age at time of THIS birth 33 yrs.

19. Birthplace Cresco, Iowa
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3P M. on the date and at the place stated above, and that personal particulars were furnished by Marion Wilson (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) MAR 23 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Ellis Kackley M.D. (D.O., Midwife, etc.)
Ellis Kackley, M.D.
and address Soda Springs Date 3/13/42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

APR 1 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, c owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

DUP OF 12-8133

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

493-220-010-865

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339166
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 189 So. Water
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 189 So. Water
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD MILDRED EDNA MILLS

5. Date of Birth of Child (Month, day, year) Mar. 20, 1912

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 Mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME GEORGE WASHINGTON MILLS
11. Color or Race White **12.** Age at time of THIS birth 59 yrs.
13. Birthplace Pennsylvania, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Albina Yoe
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Orrston, Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Six. (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Oldest Sister (Mother, etc.) all her life of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for years, and that Dr. T. C Willson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Myrtle V Mills Signature
461 West 31st Street, Long Beach, P. O. Address

Subscribed and sworn to before me this 28th day of March, 19 42.

(SEAL) Elizabeth C. Plant Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1976

OCT 22 1969

AUG 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-231-230-234 339293 MAR 11

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339293
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City May
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City May
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address May Idaho

3. RESIDENCE of FATHER (city, state) May Idaho

4. FULL NAME OF CHILD Elsie Eva Bauman

5. Date of Birth (Month, day year) July 31 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** John Jacob Bauman
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Lansing (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business general work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celia Blumer
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Bern (City or town) Switzerland (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business general duties

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 30 1942 (Date received) (b) (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John Jacob Bauman being first duly sworn, say that I am related (Related to (or) acquainted with) Elsie Eva Bauman (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lillie Kirkpatrick (Name of attendant at birth) who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John J Bauman Signature
May Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of March 1942

(SEAL) Notary Public, residing at May

Commission expires 5/21/44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED, certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384-119-225-639

APR 7 1942

339351

339351

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Boles
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at ranch home
(e) Mother's stay BEFORE delivery: IN THIS county 13 years 1 months ½ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Boles
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Boles, Idaho

4. FULL NAME OF CHILD Phillip Max Lyda

5. Date of Birth of Child (Month, day, year) August 19, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Perry Nelier Lyda
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace N. Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Oliver
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Genesse, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that Mary Jane Price (First name), Midwife (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Weaver Signature

416 Elk St. Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of March, 1942.

(SEAL) M. L. Ayers Notary Public, residing at Grangeville Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mary E. Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 22 1976

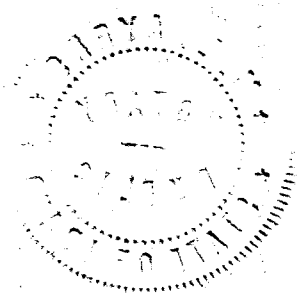
JUN - 5 1990

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319-128-005-569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339450
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Benewah (b) City St Maries
(c) Street Address or R.F.D. No. 427-4th.St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St Maries
(d) Street Address or R.F.D. No. 427-4th.St
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) St Maries Ida.

4. **FULL NAME OF CHILD** Ralph James Carlock
5. Date of Birth of Child (Month, day, year) Nov. 28 1912
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lee Hampton Carlock
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Table Rock Nebr. (City or town) (State or foreign country)
14. Exact Occupation Railway clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia Amanda Nordstrom
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Rockford Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silvia Nitrate Sol.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6:35 A M. on the date and at the place stated above, and that personal particulars were furnished by Sylvia A. Carlock (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature C. J. Kinsolving M.D. ~~Midwife~~ Address St. Maries Date 3/24/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

APR 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-125-016-862

MAR 5 1942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born on the farm
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 42 yrs.
(f) Mother's mailing address Almo Idaho

3. RESIDENCE of FATHER (city, state) Almo Idaho

4. FULL NAME OF CHILD Glenwood Taylor

5. Date of Birth (Month, day, year) Aug. 25, 1912

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate Yes Lawful

FATHER OF CHILD

10. FULL NAME James Thomas Taylor Jr.

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Centerville (City or town) Utah (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Frances Yost

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Yost (City or town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mary L. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James T. Taylor Jr., being first duly sworn, say that I am related to (Related to (or) acquainted with) Glenwood Taylor (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Annie Green (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

* James T. Taylor Jr. Signature
Almo, Idaho. P. O. Address

Subscribed and sworn to before me on this 25th day of February, 1942

(SEAL) J. Henry Thompson Notary Public, residing at Malta, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

79-109-016-744

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339482
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Oakley
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 10 days.
In **THIS** county years months 1 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.
(f) Mother's mailing address Jerome
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Fred Marion Gray
5. Date of Birth (Month, day, year) 5-8-12
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Samuel Gray
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Victoria B. C. Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Cummins
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Oakley, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Hazel Gray (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 31 1942 (Date received) (b) Mabel Wheeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Jerome }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hazel Gray Summers, being first duly sworn, say that I am Mother (Related to (or) acquainted with) (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Olsham (Name of attendant at birth), who attended said birth, deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hazel Gray Summers Name
Jerome Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of March 1942

(SEAL) Notary Public, residing at Jerome Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-12-2008-457

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339573
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (Valley) (b) City Crawford (now Cascade)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise (Vall.
(c) City Crawford (now Cascade)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cascade, Ida.

4. **FULL NAME OF CHILD** Fred Sweet Logue

5. Date of Birth of Child (Month, day, year) 12/22/12

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas E. Logue
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Logue (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Winnie Dexter
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Cambridge, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Winnie D. Logue (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature Mrs Irma I. Minkler Midwife Address Cascade, Idaho Date 3/23/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mabel Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-14-042-219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339649
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Hollister
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Hollister
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harold Guy McKee

5. Date of Birth of Child (Month, day, year) June 14 1917

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Wesley McKee
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Wilson (City or town) Nebraska (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Nebraska Bailey
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Stanton (City or town) Co. Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Okanogan }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for Life years, and that Not Known a Registered Nurse (First name) (Last name) attended this birth. Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Wesley McKee Signature
Malott Washington P. O. Address

Subscribed and sworn to before me this 33rd day of March, 1942

(SEAL) [illegible] Notary Public, residing at Okanogan

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-210-003-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339658
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Dempsey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 9 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Dempsey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Lava Hot Springs

4. FULL NAME OF CHILD Elsie Sariah Miles

5. Date of Birth of Child (Month, day, year) Dec. 10 1942

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Ray Miles
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Paradise Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ama Elena Potter
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Downey Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ama E. Miles (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Amy L Toone ~~M.D.~~ Midwife Address Lava Hot Springs Idaho Date Mar 28, 1942

State of ..... }
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this 28 day of March, 1942

(SEAL) J. F. Whitney Notary Public, residing at McCammon, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-112-007-419

339659

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339659
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hill City
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 1 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hill City
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Hill City Ida.

4. FULL NAME OF CHILD Victor Lee Harrison

5. Date of Birth of Child (Month, day, year) Aug-12-1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Baker Harrison
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Fredrill (City or town) Arkansas (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business Farmer

MOTHER OF CHILD MARKHAM

16. FULL MAIDEN NAME Lula Jane Markham
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace New Windsor Colo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11 20 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lula J Harrison (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon } ss.
County of Baker }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that Mrs Laura E Kides (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lula J Harrison Signature
Cornucopia Oreg P. O. Address

Subscribed and sworn to before me this 5th day of January, 19 42

(SEAL) Notary Public, residing at Halfway, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm expires 9/13-43

Received for filing on MAR 31 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-126-022-335

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339663
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City BATES
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City BATES
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fred Russle Walter

5. Date of Birth of Child (Month, day, year) Aug 26, 1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Frank Walter

11. Color or Race White **12.** Age at time of THIS birth 39 yrs.

13. Birthplace Mendon Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah E Clements

17. Color or Race White **18.** Age at time of THIS birth 36 yrs.

19. Birthplace Springville Utah (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother Sarah E. Walker (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that Jane (First name) Ellis (Last name), who attended this birth, address unknown (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E. Walker Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942

(SEAL) W. W. Simmonds Clerk of the District Court, in and for Lemhi County, Idaho Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Clover Edwards Deputy.

Received for filing on MAR 30 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

V 128-128·230·219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339720
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. ~
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Lemhi
(d) Street Address or R.F.D. No. ~
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Lemhi, Ida.

4. FULL NAME OF CHILD Chester Arthur Ashton

5. Date of Birth of Child (Month, day, year) April 28, 1912

6. Sex male **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Raymond Ashton
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Porterville, Calif. (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elma Barkley
17. Color or Race white **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Carson City Nevada (City or town) (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 30 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Elma B. Ashton Signature
Clarkston Wash P. O. Address

Subscribed and sworn to before me this 2 day of March, 19 42

(SEAL) ..... Notary Public, residing at Lewiston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mabel E Gilpin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

856-105-028-229

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339726
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) ~~Street Address or R.F.D. No.~~
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) ~~City~~
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Merton Kehn Hewson,

5. Date of Birth of Child (Month, day, year) 11/6/1912

6. Sex Male

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) Single

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Albert Herbert Hewson

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Alberta (City or town) Canada (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gladys Margaret Skinner

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Elk Mound (City or town) Dun Co. (State or foreign country) Wis.

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana } ss.
County of Ravalli }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for years, and that Merton Kehn Hewson, (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladys M. Hewson Signature

Hamilton, Montana, 311 S 4th. P. O. Address

Subscribed and sworn to before me this 7th day of March, 19 42.

(SEAL) Edward M. Burke Notary Public, residing at Hamilton, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by [illegible] Registrar.

APR 2 1942

NOTARY PUBLIC in and for the State of Montana
Residing at Hamilton, Montana
My Commission Expires May 7, 1943

APR 8 1942

DELAYED REGISTRATION LAW

(192[illegible] Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 191[illegible] Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, or the nearest of kin or guardian, or some person having direct knowledge in the premises.

164-126-211-258

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339973
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry Ida

4. FULL NAME OF CHILD Dayton Merritt Douglass

5. Date of Birth of Child (Month, day, year) Nov. 26, 1912

6. Sex Male Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joel Anderson Douglass
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Jamestown, (City or town) New York (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mae Snyder
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Anamosa, (City or town) Iowa (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Boundary }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 29 years, and that Dr. E. E. Imay (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. A. E. Snyder Douglass Signature
Bonners Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942

(SEAL) O Clark Notary Public, residing at Bonners Ferry, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-202-029-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340041
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Res. of William Shawver (Moscow Mountian)
(e) Mother's stay BEFORE delivery: IN THIS county years six months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) ~~city~~ (On Moscow Mountain)
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 months.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eva Charlotte Mitchell

5. Date of Birth of Child (Month, day, year) June 2 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME [redacted]
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Page County Iowa (City or town) (State or foreign country)
14. Exact Occupation Saw mill Worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Maud Bowbee
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Brownville Nebraska (City or town) (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 30 years, and that (See note on back of form) (First name) (Last name), who attended this birth location not known (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter L Mitchell Signature

Box 31 Route 8, Yakima, Washington P. O. Address

Subscribed and sworn to before me this 28 day of March, 1942

(SEAL) [illegible] Notary Public, residing at Yakima Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 [illegible]

At the time of this birth I was working for William Shawver, and his wife and daughter (May) were the midwives; Walter Shawver went to Moscow for the Doctor, the name of whom I was not informed: as at the time Mrs. Shawver stood good for the expense, because they did not, then, have the mony to pay me my wages.

Walter L Mitchell

FEB 1 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-229 007-264

340060

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3
Local Reg. No.
Reg. Dist. No. 410

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Picabo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Picabo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Picabo, Idaho

4. **FULL NAME OF CHILD** Alta Florence Broadie

5. Date of Birth of Child (Month, day, year) March 29, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James R. Broadie
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Benton County, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah E. Southard
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Jasper County, Indiana (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name ~~prophylactic used to prevent~~ Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 29 years, and that Alice (First name) Lloyd (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E. Broadie Signature

Bellevue, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of December, 1941

(SEAL) R. P. Thamm ~~Notary Public~~, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-14-1942 APR 2 1942 by Robert H. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

229 105 037144

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340090
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Melvin James Kidd

5. Date of Birth of Child (Month, day, year) 5 June 1942

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyram Alexander Kidd
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Emmett (City or town) Ada (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Priscilla Pearl Judd
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Emmett (City or town) Ida (State or foreign country)
20. Exact Occupation Farmer Wife
21. Industry or Business Own a Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 30 years, and that Dr. John Bartlett (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Priscilla Pearl Judd Kidd
Signature

Boise, Idaho
P. O. Address

Subscribed and sworn to before me this 24 day of April, 1942

(SEAL)

Henry R. Luther
Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on Mar. APR 3 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Mrs Melvin James Kidd

APR 13 1942

JUN 2. 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-208 016-845

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340103
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Hazel
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 8 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Hazel
(d) Street Address or R.F.D. No. Hazel, Idaho
(e) How long has MOTHER lived in Idaho? 3+ yrs.

3. RESIDENCE OF FATHER (city, state) Hazel, Idaho

4. FULL NAME OF CHILD Mary Delene Miller

5. Date of Birth of Child (Month, day, year) Feb. 8, 1912

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Aquilla Miller
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Magdelene Hunt
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Bighorn, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 52 years of age, that I have known this person for 30 years, and that Mr. Story (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M. Miller Signature

..... P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Clerk of District Court
By ..... Minidoka County, Idaho

Received for filing on APR 4 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X

815-205022 451

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340109

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Helen Idaho Hansen

5. Date of Birth (Month, day year) Oct. 5, 1912

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Stephen Abraham Hansen

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Logan, (City or town) Utah (State or foreign country)

14. Exact Occupation Mining

15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Ione Maude Meacham

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Winterset, (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Beulah Meacham Nelson (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) APR 9 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Beulah Meacham Nelson M.D.

and address 705 N. Commercial (D.O., Midwife, etc.) Portland, Ore. Date Nov. 9, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356 108 037 816

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340175
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Silver City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 31 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Silver City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Richard Martin Leonard

5. Date of Birth of Child (Month, day, year) Aug. 8, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Henry Leonard
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Silver City, Idaho. (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Hawes
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Silver City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Owyhee }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for Lifetime years, and that Dr. F. H. Schuyler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. M. Leonard Signature

Murphy, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942

(SEAL) Milo Axelsen Notary Public, residing at Murphy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

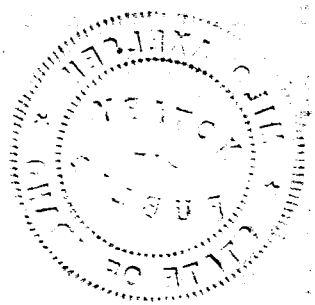
Received for filing on APR 8 1942 by Mabel Teeter, Registrar.

JAN 22 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



415 109 039 165

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340251
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Arbon
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Arbon
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD John Thomas Davis

5. Date of Birth of Child (Month, day, year) August 9, 1912

6. Sex - male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Eginon Leon Davis
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Malad, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rachel Jones
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Brigham City, Utah (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife, Address ____ Date ____

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 39 years, and that Francis (First name) Abeler (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rachel Jones Davis Signature
Jerome Idaho P. O. Address

Subscribed and sworn to before me this 8 day of April, 1942.

(SEAL) Bryan Henry Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by Maud Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

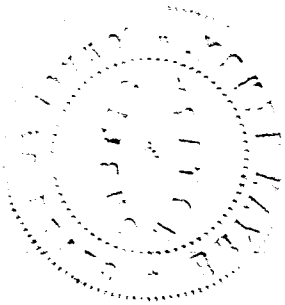
APR 2 2 1992

AUG 3 0 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493-125009-437

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340269
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sagle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sagle, Idaho

4. **FULL NAME OF CHILD** Howard Earl Dicus

5. Date of Birth of Child (Month, day, year) Dec. 25, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roy Dicus
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Marshalltown (City or town) Iowa (State or foreign country)
14. Exact Occupation Timber worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Mc Pherson
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Cheboygan (City or town) Michigan (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that Dr. C. S. Moody (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth McPherson Dicus Signature
720 So. Muscgate Ave San Gabriel Address

Subscribed and sworn to before me this 4th day of April, 1942

(SEAL) Adam Hart Notary Public, residing at Monterey Park, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mabel Hutchison, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 286-214-013-493 340297

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340297
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Camas (b) City Fairfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Camas
(c) City Fairfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Fairfield Ida

4. FULL NAME OF CHILD Doris Shonk

5. Date of Birth of Child (Month, day, year) 10-14-1912

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Burlin Shonk
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Marshall (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gwen Mitchell
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Ashomore (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that Mrs. Otto Krahn (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Burlin Shonk Signature
Gooding Idaho P. O. Address

Subscribed and sworn to before me this 13 day of April, 1942
(SEAL) Bert Powles, Clerk Dist. Court ~~Notary Public~~, residing at Gooding, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

244 129 044 168 340 299 **340299**

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Tamarack
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clyde Jasper Sumpter

5. Date of Birth of Child (Month, day, year) Dec 29 1912

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clyde Preston Sumpter
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Moscow (City or town) Idaho (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business Logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Ellen Johnson
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Deming (City or town) New Mexico (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4PM M. on the date and at the place stated above, and that personal particulars were furnished by Bessie (First name) Sumpter (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ethel Sumpter M.D. Midwife Address Grand Ronde Date Oregon 4/9/42

State of Oregon } ss.
County of Deschutes }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-105 036-165

APR 15 1942

340301

340301

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340301
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Jenkin Virgil Jones

5. Date of Birth of Child (Month, day, year) 2/5/12

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edwin Richard Jones
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Malad, Idaho (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Jones
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to ~~prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Margaret (First name) Jones (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Oneida }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 30 years, and that Dr. J. M. Kearns (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Jones Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of April, 19 42.

(SEAL) Snow Clark Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mark Feller, Registrar.

APR 2 1942

MAY 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-213-020-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340468
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Hillcity
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 8 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Hill City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Hill City, Idaho

4. FULL NAME OF CHILD Lela May Mouser

5. Date of Birth of Child (Month, day, year) April, 13 1912

6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charley L. Mouser
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Cowley Co. (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosy Bell Peterson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Stillwater, (City or town) North Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at night M. on the date and at the place stated above, and that personal particulars were furnished by Lucina E. Mouser (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Lucina E Mouser M.D. Midwife Address 711 4th St South Nampa Ida Date 3-3-42

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs C L Mouser Signature
Mountain Home Idaho P. O. Address

Subscribed and sworn to before me this 3 day of April 1942
(SEAL) James A. Nance Notary Public, residing at Clerk of District Court Mtn Home Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mabel F Elefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-120-031791

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

340477 340477
State File No. 340477
Registrar's No.

State of Idaho

1. PLACE OF BIRTH:
(a) County Lewis
(b) City or town Kamiah (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: At home (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: In hospital or institution ____ In this community 36 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Lewis
(c) City or town Kamiah (If outside city or town limits, write RURAL)
(d) Street No. ____ (If rural, give location)

3. Full name of child Arthur Moore
4. Date of birth April 20, 1912 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____
7. Number months of pregnancy 9
8. Is mother married? Yes

FATHER OF CHILD
9. Full name Albert Moore
10. Color or race Indian 11. Age at time of this birth 46 yrs.
12. Birthplace ? (City, town, or county) Montana (State or foreign country)
13. Usual occupation Farming
14. Industry or business Own farm

MOTHER OF CHILD
15. Full maiden name Elizabeth Frank
16. Color or race Indian 17. Age at time of this birth 36 yrs.
18. Birthplace Kamiah (City, town, or county) Idaho (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Home

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 7
(c) How many children were born dead? 1

22. Mother's mailing address for registration notice:
Mrs. Elizabeth F. Green
Kamiah, Idaho

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 2 a. m. on the date above stated and that the information given was furnished by Elizabeth F. Green, related to this child as Mother

24. Date received by local registrar APR 15 19[illegible]
25. Registrar's own signature ____
26. Date on which given name added ____ by ____ (Registrar)

Attendant's own signature ____
~~M.D., Midwife, Coroner~~ mother Date signed 4/9/42
Address Kamiah, Idaho

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

I certify that the information furnished above is a correct and true transcript as taken from the Official Records of the Northern Idaho Agency, and from information furnished by the mother of the applicant. Certified this 9th day of April, 1942

A. G. Wilson, Superintendent

Subscribed and sworn to before me this 9th day of April, 1942 at Lapwai, Idaho

My Commission Expires: 3/2 1943

Notary Public

APR 13 1942

DEC 7 1967

APR 17 1946

DELAYED

852 123-005 418

340506

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BENWAH (b) City ST. MARIES
(c) Street Address or R.F.D. No. MILLTOWN
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BENWAH
(c) City ST. MARIES
(d) Street Address or R.F.D. No. MILLTOWN
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) ST. MARIES, IDAHO

4. FULL NAME OF CHILD JOHN HEBERT

5. Date of Birth of Child (Month, day, year) DEC. 23, 1912

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** MICHEAL HEBERT
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace ISHPMING (City or town) MICHIGAN (State or foreign country)
14. Exact Occupation COOK
15. Industry or Business BOARDING HOUSE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINNIE HELEN MAHANEY
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace CUMBERLAND (City or town) WISCONSIN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Aq nos
23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by MINNIE (First name) HEBERT (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Owen D. Platt M.D. ~~Midwife~~ Address ST. MARIES, IDAHO Date DEC. 23, 1912

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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281 210-006-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340517
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. R 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Idaho

4. **FULL NAME OF CHILD** June Blassom Shawver

5. Date of Birth of Child (Month, day, year) June 10 1912

6. Sex Female

7. Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Marcus Calvin Shawver
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Howard (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Ethel Warren
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Sedan (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years, and that Leroy McCarty (First name) (Last name), who attended this birth is no Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marcus C. Shawver Signature
Blackfoot Idaho P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942
(SEAL) [signature] Notary Public, residing at Blackfoot
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1994

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

431-703 005-814

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340522
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Maries Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Fernwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Fernwood, Idaho

4. FULL NAME OF CHILD Joseph Emmett McAlinden

5. Date of Birth of Child (Month, day, year) Oct. 3, 1912

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Patrick McAlinden
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Mayo Quebec Canada (City or town) (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business Logging Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Julia Hauger
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Takoa Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver 2%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10:15 P M. on the date and at the place stated above and that personal particulars were furnished by Ethel McAlinden (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 29 years, and that Dr. James Cornwall (First name) (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel J. McAlinden Signature
4015 North 7th, Tacoma, Washington P. O. Address

Subscribed and sworn to before me this 13th day of April, 19 42

(SEAL) Notary Public, residing at Tacoma Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1942

APR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381 122-016 363

APR 9 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340559
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Hagler
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years X months X days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Hagler
(d) Street Address or R.F.D. No. C
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville-

4. FULL NAME OF CHILD Maldon John Chase

5. Date of Birth of Child (Month, day, year) July 22, 1912

6. Sex Male

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elmer Chase
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace X (City or town) Texas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business X

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ethel Cochran
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Palouse City, Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address X Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 plus years, and that Catherine Watrous (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ethel Chase Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of April, 19 42

(SEAL) W. T. Wheeler Notary Public, residing at Grangeville, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466 118 014 769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340561
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Rte #3
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years — months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. Rte 3
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Ida.

4. FULL NAME OF CHILD Raymond Harold Moore

5. Date of Birth of Child (Month, day, year) 4-18-12

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd First

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Harvey Moore
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Eagleville (City or town), Missouri (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Millicent Gorsuch
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Titusville (City or town), Penn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 29 years, and that Mrs. Geo. T. Moore (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Harvey Moore Signature
Rte #3 Nampa Ida. P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942

(SEAL) [signature] Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1974

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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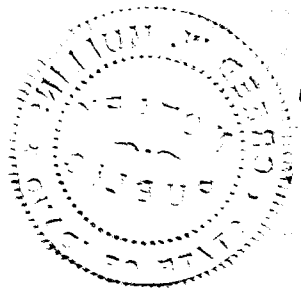
DELAYED



Dup of 1912-7828

866.124 028 866

340593

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340593
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 800 Blk 4th St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 3 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 800 Blk 4th Ave
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ledyard Jackson Hood

5. Date of Birth of Child (Month, day, year) 12-24-1917

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mos. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harvey Hood
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Adah Ellen Hood
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Whitefish (City or town) Montana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature Dr Busby M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that Dr. John Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adah Ellen Jackson Hood Correll Signature
8659 Boone, Opportunity, Washington P. O. Address

Subscribed and sworn to before me this 10th day of April, 19 42

(SEAL) ____ Notary Public, residing at Opportunity

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Dec. 12, 1944.

Received for filing on APR 13 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335 201 022 612

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340747
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Dubois
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Gun Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 2 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Dubois
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Dubois Idaho

4. FULL NAME OF CHILD Rita May Cleary

5. Date of Birth of Child (Month, day, year) March 1, 1912

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 2

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Joseph Cleary
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Brooklyn (City or town) New York (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lina Belle Oakley
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Dubois (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Clark }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 39 years, and that Dr W P Scroggs (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lina Belle Patch Signature
Small Idaho P. O. Address

Subscribed and sworn to before me this 7th day of April 1942

(SEAL) Notary Public residing at CLARK COUNTY, IDAHO

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mary Kelly Registrar. DEPUTY

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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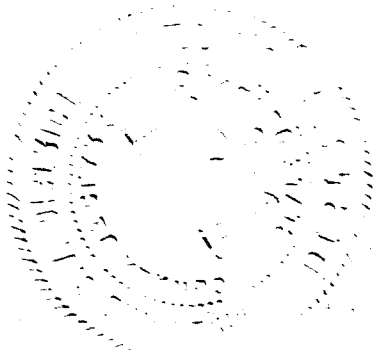

DUP OF 12-340747

DELAYED

863-178022863

340765

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay BEFORE delivery: IN THIS county — years 10 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho,

4. FULL NAME OF CHILD Linese Russell Hochstrasser

5. Date of Birth of Child (Month, day, year) June 28-1912

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Hyrum Liness Hochstrasser
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Providence (City or town) Utah (State or foreign country)
14. Exact Occupation Government Building Inspector
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Media Christensen Hochstrasser
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Pierce }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 30 years, and that (NOT KNOWN) (First name) ANDERSON (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Media C. Hochstrasser Signature
3920 North 26 — Tacoma, Wash. P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942.
(SEAL) M. J. Corbin Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mary Hessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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243 110 003-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340778
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Mc Cammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clifford Honrie Bullock

5. Date of Birth of Child (Month, day, year) 7/10/12

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 6th

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Frederick Bullock
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Weaver County, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Maude Harris
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Malad City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Twin Falls, Id. Date 4/10/42

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 30 years, and that Mrs. Goodniff (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Alice M Bullock Signature
P. O. Address

Subscribed and sworn to before me this 10th day of April, 19 42.
(SEAL) C A Barney Probate Judge ~~Notary Public~~, residing at Twin Falls Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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813-105022-653

340820

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 18 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340820
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton Idaho

4. **FULL NAME OF CHILD** Lowell Earnest Hathaway

5. Date of Birth of Child (Month, day, year) Oct. 5 1912

6. Sex Male

7. Twin or ~~Triplet~~ Yes Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Hathaway
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace North Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Elzina Walker
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Safford (City or town) Arizona (State or foreign country)
20. Exact Occupation House Wife & Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Lactate 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by John William Hathaway (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature E L Griggs M.D. Address Ashton Idaho Date 4-15-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 0

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

614-201-042-497

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340843
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Rogerson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county 5½ years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Rogerson
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Elizabeth Fausett

5. Date of Birth of Child (Month, day, year) May 1st 1942

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Alexander Fusett

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace Roger Valley (City or town) Nevada (State or foreign country)

14. Exact Occupation Cattle Raising

15. Industry or Business Cattle

MOTHER OF CHILD

16. FULL MAIDEN NAME Luella Dixon

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Little Falls, Wash. (City or town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Gooding }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that Mrs. Mary Persons (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luella Dixon Fausett Signature

Wendell, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of April, 19 42.

(SEAL) A. D. McQuary Notary Public, residing at Wendell, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593-227-006-413

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340852
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Shelley,

4. FULL NAME OF CHILD Mary Madeline Nicola

5. Date of Birth (Month, day year) Oct. 27, 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Stephen Nicola
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Washington, Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Martina Maloney
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Lennox, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) APR 17 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Martina Nicola, being first duly sworn, say that I am mother (Related to (or) acquainted with) Mary Madeline Nicola (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Roberts (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Martina Nicola Signature
131 E. Cedar St., Compton, Calif. P. O. Address

Subscribed and sworn to before me on this 13 day of April, 1942.
(SEAL) C. H. Goyette Notary Public, residing at Compton, Calif.
My Commission Expires June 1, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child, born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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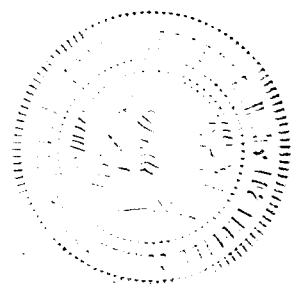

DELAYED

365-711-040-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340908
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years 11 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burke Ida

4. **FULL NAME OF CHILD** William Milton Tweedy
5. Date of Birth of Child (Month, day, year) May 11, 1912
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Milton Tweedy
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Smith Center Kansas (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Jeannette Wills Tweedy
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Cheney Wash (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 30 years, and that Doctor Dettman (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Wills Tweedy Signature
624 Sinclair Glendale P. O. Address

Subscribed and sworn to before me this 13 day of April, 1942
(SEAL) Louis A. Hart Notary Public, residing Glendale
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Feb. 7th 1944

Received for filing on APR 16 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268 104 018 275

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340929
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Elk River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Elk River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Richard Ellis Boyce

5. Date of Birth of Child (Month, day, year) Nov. 4, 1912

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas M. Boyce

11. Color or Race white

12. Age at time of THIS birth 39 yrs.

13. Birthplace Springfield (City or town) Maine, U.S.A. (State or foreign country)

14. Exact Occupation Locomotive Engineer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Evvy A. Spencer

17. Color or Race white

18. Age at time of THIS birth 35 yrs.

19. Birthplace Rockton (City or town) Pennsylvania (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stilliborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for since birth years, and that Frank Seeley, M. D. (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evvy A Boyce Signature

St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of April, 19 42

(SEAL)

Notary Public, residing at St. Maries, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 16 1942 by Mabel Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

SEP 25 1942

FEB 17 1966

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 113-014-236 APR 22 1942 341013 341013

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Parma (b) County Canyon
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Parma.

4. FULL NAME OF CHILD Henry Isiac Hatch

5. Date of Birth of Child (Month, day, year) Aug 13th 1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harvey Ragan Hatch
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Iowa — (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Beula Stark
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Madelia Minn. (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6:30 M. on the date and at the place stated above, and that personal particulars were furnished by Celia (First name) Stark (Last name), who is related to this child as grand Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs S H Stark M.D. Address Parma Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mary F Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

JUN 21 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-226014-693

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341049
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Roswell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 8 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Roswell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ella Frances Sullivan

5. Date of Birth of Child (Month, day, year) 11-26-1912

6. Sex Female

7. ~~Twin or~~ ~~Triplet~~ Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred Dorr Sullivan
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Wheeler (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Deva Bell Wilson
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Mercer (City or town) Mo. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Same -

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 30 years, and that Myrtle (First name) Watson (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs A D Sullivan Signature

P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942.

(SEAL)

Howard K. Rockland Notary Public, residing at Parma Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by ____ Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-119 028 365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341168
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 14 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison, Idaho.

4. **FULL NAME OF CHILD** Tony Edward DeAndrea

5. Date of Birth of Child (Month, day, year) July 19, 1942

6. Sex Male — Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carlo De Andrea
11. Color or Race White — 12. Age at time of THIS birth 43 yrs.
13. Birthplace Forli del Sannio, Italy (City or town) (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucia Conti
17. Color or Race White — 18. Age at time of THIS birth 42 yrs.
19. Birthplace Forli del Sannio, Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child Nine (b) Born alive and now living Nine

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lucia DeAndrea (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Olive Lake M.D. Midwife Address Harrison Ida Date 7-7-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-214028-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341169
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 21 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison, Ida.

4. FULL NAME OF CHILD Gertrude Florence Fisher

5. Date of Birth of Child (Month, day, year) Dec. 14, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Edward Fisher
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Memphis (City or town), Tennessee (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Jeweler

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Barbee
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Jefferson County (City or town), Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was bornaline (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ida (First name) Fisher (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Kerstine Jensen M.D. Address Harrison, Ida. Date April 14, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-127022-235.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341209
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton Ida

4. FULL NAME OF CHILD Edwin James Stephens

5. Date of Birth of Child (Month, day, year) Feb. 27, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Leroy Stephens
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Cokato (City or town) Minn (State or foreign country)
14. Exact Occupation Meat cutter
15. Industry or Business Meat & grocery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred E Stephens
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Kidder (City or town) S. Dak. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M on the date and at the place stated above, and that personal particulars were furnished by Mildred Stephens (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Ashton Idaho Date 4-17-42

State of Wash.
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for ..... years, and that Dr Haigis (First name) (Last name), who attended this birth Can be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mildred E Stephens Signature
6555 Fauntleroy Ave Seattle P. O. Address

Subscribed and sworn to before me this 25 day of March, 1942

(SEAL) R. L. Taylor Notary Public, residing at Oak Harbor

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by Mabel F. Elsfers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1989

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-226-030-314

341213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Gilmore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gilmore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ADA LUELLA HALL

5. Date of Birth of Child (Month, day, year) Feb. 26, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** RAYMOND ROBERT HALL
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace UTAH (City or town) (State or foreign country)
14. Exact Occupation BASEBALL PLAYER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** PEARL AGNES LAMB
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Raymond Robert Hall (First name) (Last name), who is related to this child as Father. (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 30 years, and that Unknown (First name) (Last name), who attended this birth Unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Raymond Robert Hall. Signature

My Commission Expires December 31, 1945

6510 Lewis Avenue, Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 16th day of April, 1942

(SEAL) Hazel Peck Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

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X 365-104 009 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341218
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. Ella Avenue
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Ella Avenue
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint Ida

4. FULL NAME OF CHILD Ralph Ellsworth Coverdell

5. Date of Birth of Child (Month, day, year) June 4, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ottman Rosco Coverdell
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Grant City (City or town) Missouri (State or foreign country)
14. Exact Occupation Powder man
15. Industry or Business J. C. Pennington

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Olia Hilton
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Randolph (City or town) Nebraska (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child two. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by affiant (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 30 years, and that Mrs. Doolittle (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladys Olia Coverdell Signature
Polson Mont. P. O. Address

Subscribed and sworn to before me this 17th day of April, 1942
(SEAL) Floren N Hamman Notary Public, residing at Polson Mont.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

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439-229 033 843

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341384
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Archer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Archer, Idaho

4. FULL NAME OF CHILD Catherine Marie McIntier

5. Date of Birth of Child (Month, day, year) July 29, 1912

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Robert McIntier
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Hulse
17. Color or Race white **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 30 years, and that Dr. Ormsby (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie McIntier Signature
Thornton, Idaho. Rt. #1 P. O. Address

Subscribed and sworn to before me this 15th day of April, 19 42.

(SEAL) Mary Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 17 1942 by Mabel Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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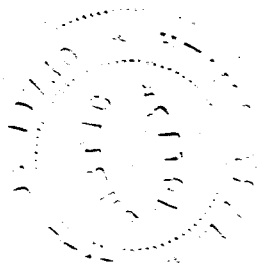

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341389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Malta Idaho

4. FULL NAME OF CHILD Henry William Smith

5. Date of Birth of Child (Month, day, year) Dec. 29, 1941

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Joseph O. Smith
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Paradise (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Luella Bradley
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Paradise (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Old acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 30 years, and that Mr Mdavitz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Bankhead Signature
523 Main Ave E. Twin Falls Ida P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942
(SEAL) O. A. Bailey Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1942

DELAYED REGISTRATION LAW

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555-106-005-432

342464

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St Joe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: **IN THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St Joe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 mo yrs.

3. RESIDENCE OF FATHER (city, state) St Joe, Idaho

4. FULL NAME OF CHILD Warren Orval Needham

5. Date of Birth of Child (Month, day, year) Nov 6 1912

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Kit Carson Needham
11. Color or Race White **12.** Age at time of THIS birth 53 yrs.
13. Birthplace Boone (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Lumbering — sawmill

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian McKinley
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace — (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive~~ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Pend Oreille }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 29 years, and that — (First name) — (Last name), who attended this birth — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kit Carson Needham Signature

P. O. Address

Subscribed and sworn to before me this 17th day of April, 1942.

(SEAL) E. C. Jones Notary Public, residing at Newport.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-115-014-819

342559

342559

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342559
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No. R. F. D. #2
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No. R. F. D. #2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Parma, Idaho

4. FULL NAME OF CHILD Edward Russell Palmer

5. Date of Birth of Child (Month, day, year) March 15, 1912

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Matthews Palmer
11. Color or Race white **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Ellen Harris
17. Color or Race white **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Elgin (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the elder sister (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 45 years of age, that I have known this person for 30 years, and that Alvira (First name) Carlock (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Green Signature

Nampa, Ida. P.O. Address

Subscribed and sworn to before me this 27th day of April, 1942

(SEAL) S. D. Tarchfield Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by Mabel F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-210-016-962

342565 342565

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county 18 years 1 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Elba, Ida

4. FULL NAME OF CHILD Thelma Barker

5. Date of Birth of Child (Month, day, year) Sept 10 1941

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Henry Junior Barker
11. Color or Race White **12.** Age at time of THIS birth 19 yrs.
13. Birthplace Elba Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Idaho Roberts
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Hazel Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A.M. on the date and at the place stated above and that personal particulars were furnished by Mabel Barker (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Annie M. Hemmert Hubbard M.D. Midwife Address Elba Idaho Date April 2-1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mark Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-22-04X-693 APR 29 1942 342574 342574

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: Weiser General Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) 36 yrs.

4. FULL NAME OF CHILD Dorothy Isabell Gilmore

5. Date of Birth of Child (Month, day, year) Friday, Sept 27-1912

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** James Logan Gilmore
11. Color or Race W.
12. Age at time of THIS birth 30 yrs.
13. Birthplace Goldendale, Wn. (City or town) (State or foreign country)
14. Exact Occupation Stockman Woolgrower
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Bell Williams
17. Color or Race W.
18. Age at time of THIS birth 30 yrs.
19. Birthplace Butler, Bates Co., Mo. (City or town) (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business Grade School.

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for — years, and that Dr. James Young (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie B. Gilmore Signature
..... P. O. Address

Subscribed and sworn to before me this 28th day of April, 1942

(SEAL) [signature] Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

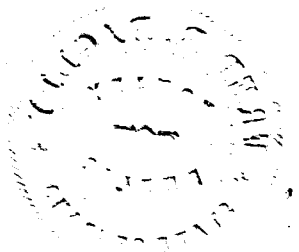
APR 2 9 1942

MAY 1 8 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



1912 - 9364

DELAYED

DUP OF 1912-9364

315-111-029-299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342592
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 7 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Clarence Edward Lange

5. Date of Birth of Child (Month, day, year) Feb. 11, 1942

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Edward Henry Lange
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Granite Falls, (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Kirschbaum
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Granite Falls, (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Minnesota } ss.
County of Yellow Medicine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that Anna (First name) Swanke (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Christina Lange Signature
Granite Falls, Minnesota P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942

(SEAL) W. B. Gieseke Notary Public residing at GRANITE FALLS

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

NOTARY PUBLIC, YELLOW MEDICINE COUNTY, MINNESOTA
MY COMMISSION EXPIRES JULY 27, 1944

Received for filing on APR 21 1942 by ____, Registrar.

APR 25 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-107-003-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342602
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City BANCROFT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born on farm N.W. of Bancroft
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City BANCROFT
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 Year yrs.

3. RESIDENCE OF FATHER (city, state) BANCROFT, IDAHO

4. FULL NAME OF CHILD GLEN CORNELIOUS CARPENTER

5. Date of Birth of Child (Month, day, year) MAY 7th 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** WILLIAM BYRON CARPENTER
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace INDUSTRY (City or town) KANSAS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ETHEL VANSICKLE
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace CONCORDIA (City or town) KANSAS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas
County of Thomas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears ~~in Item 4, above, that~~ I am now 55 years of age, that I have known this person for 29 years, and that Mrs. Steve Grimm (First name) (Last name), who attended this birth is unable to be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X William Byron Carpenter Signature
Colby, Kansas P. O. Address

Subscribed and sworn to before me this 3rd day of February, A.D., 1942.
(SEAL) Edgar K. Thiel Notary Public, residing at Colby, Thomas County, Kansas
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Ex.: Aug. 24, 1944.

Received for filing on APR 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1949

OCT 8 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-116-026-791

342666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby.
(c) Street Address or R.F.D. No. 3.
(d) Name of Hospital or Maternity Home: At Farm Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby. Idaho
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby.

4. FULL NAME OF CHILD Calvin. Wilson. Clark.

5. Date of Birth of Child (Month, day, year) 8/16/1912.

6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles. William. Clark.
11. Color or Race White.
12. Age at time of THIS birth 27 yrs.
13. Birthplace Rigby. (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie. Graham.
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Murray. (City or town) Utah. (State or foreign country)
20. Exact Occupation House. Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9. P. M. on the date and at the place stated above, and that personal particulars were furnished by Charles. W. Clark. (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho.
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that Margaret. E. Clark (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x C. W. Clark Signature
American. Falls. Idaho. P. O. Address

Subscribed and sworn to before me this 22 day of April, 1942
(SEAL) Robert J. Ewing Jr. Notary Public, residing at Am. Falls, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mabel [illegible], Registrar.

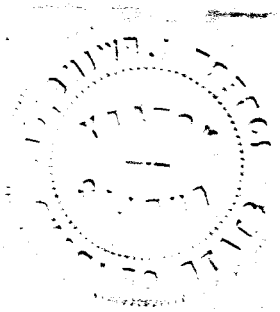
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



312-109-39-613

342698

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth at home approx. 5 mi. out of American Falls.
(e) Mother's stay **BEFORE** delivery: **IN THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls (approx. 5 mi. out)
(d) Street Address or R.F.D. No. Mo.
(e) How long has **MOTHER** lived in Idaho? 5 yrs. 12 mos.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Argel Cash

5. Date of Birth of Child (Month, day, year) July 9, 1922

6. Sex Male **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Leg.

FATHER OF CHILD

10. FULL NAME Robert Milton Cash
11. Color or Race American **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Elizabeth Waldrip
17. Color or Race American **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Diamond (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Ventura }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that Name forgotten (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Velma Cash White Signature

1793 Evans Ave., Ventura, California. P. O. Address

Subscribed and sworn to before me this 18 day of April, 1942

(SEAL) Notary Public, residing at Ventura, California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 [illegible]

JAN 5 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

544-103-005-368

342710

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Stites, Ida.

4. FULL NAME OF CHILD Chester William Emmert

5. Date of Birth of Child (Month, day, year) June 3 1912

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Franklin Emmert
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Mukuque (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ardelle Eliza Coy
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace East St Louis (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 29 years, and that Dr. (First name) Crouch (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ardelle Eliza Emmert Signature
130 E 6th St Port Angeles P. O. Address

Subscribed and sworn to before me this 8th day of April, 19 42

(SEAL) Lyle Brown Notary Public, residing at Port Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 7 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-116-038-318

DELAYED BIRTH CERTIFICATE

342712

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 71
Local Reg. No.
Reg. Dist. No. 3-33

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. Folk Store
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Mann Creek
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Brock Kentucky

4. FULL NAME OF CHILD Donald Glenwood Phillips

5. Date of Birth of Child (Month, day, year) March 16-1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Bona Elbert Phillips
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Brock Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susie Ella Taylor
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Weiser (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argard

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that Ira Woodward (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie Ella Maloney Signature
3524 W. National Milwaukee Wis. P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942

(SEAL) ..... Notary Public, residing at Weiser, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 22, 1942 by J. B. Woodward, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

583-201-007-313

342736

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342736
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Moore
   (c) Street Address or R.F.D. No. Moore.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine.
   (c) City Moore
   (d) Street Address or R.F.D. No. R+D 1-
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moore 3 years

4. **FULL NAME OF CHILD** Sibyl Viola Ehlers

5. Date of Birth of Child (Month, day, year) Nov 1- 1912

6. Sex female Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Richard Ehlers.
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Tennessee U.S.A. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Pearl Lallin
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Tyrone Iowa (City or town) (State or foreign country)
20. Exact Occupation home Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date attendent knows as Grandma Everlond a Mormon Lady and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that Grandma Everlond (First name) (Last name), who attended this birth, is now deceased (now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Pearl Lallin Thurman
Signature
Route 8 Spokane Wash
P. O. Address

Subscribed and sworn to before me this 21st day of April, 1942

(SEAL) Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-104-028-663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 342814
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F D No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address dead

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Arthur Oscar Olson

5. Date of Birth (Month, day, year) 11/9/1912

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Carl Olson
11. Color or Race Norwegian
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lardal (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Wold
17. Color or Race white
18. Age at time of THIS birth 30 years
19. Birthplace Lardal, (City or town) Norway (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead 1 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) APR 24 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN** signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carl Olson, being first duly sworn, say that I am the father (Related to (or) acquainted with) Arthur Oscar Olson (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John Bushy (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carl Olson Name
Coeur d'Alene, Idaho. P. O. Address

Subscribed and sworn to before me on this 20th day of September, 1940.

(SEAL)

Jas. M. Rhodes. Notary Public, residing at Coeur d'Alene, Ida

My Commission Expires 8-8-1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar, forwarded to the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 4, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-131-225-265

342886

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City Clear Water
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County IDAHO
(c) City Clearwater
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Loyal Everett Smith

5. Date of Birth of Child (Month, day, year) 8/31/12

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd - **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elwood Hughes Smith
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Osborne (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Bond
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Lewiston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon } ss.
County of Jackson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29½ years, and that Mrs. Spromberg (First name) (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mae Louise Smith Signature

1028½ W. 11th, Medford, Oregon P. O. Address

Subscribed and sworn to before me this 17th day of April, A. D., 1942

(SEAL) Aydal Lies Notary Public, residing at Medford, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Expires Dec. 3-1944.

Received for filing on APR 27 1942 by Mabel Weber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-228-006-791

342905

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida

4. FULL NAME OF CHILD Pearl Evelyn Anderson

5. Date of Birth of Child (Month, day, year) July 28, 1912

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carl Gustav Anderson
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Alavesta, (City or town) Sweden (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Amanda Grahn
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Alavesta, (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4; above, that I am now 62 years of age, that I have known this person for since birth years, and that Don't know (First name) Mitchell (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs E. G. Anderson Signature

P. O. Address

Subscribed and sworn to before me this 14 day of April, 19 42.

(SEAL) O. H. Bills Notary Public, residing at Blackfoot, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-129-001-999

342981

342981

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342981
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Ivywild
   (d) Name of Hospital or Maternity Home: -Home-
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 0 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Ivywild
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Dale Clifton Mathews

5. Date of Birth of Child (Month, day, year) 9-29-1912

6. Sex MALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Guy Earle Mathews
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Wright (City or town) Michigan (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Alice Irish
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace West Falls (City or town) New York (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 29 years, and that Mrs. (First name) Dunford (Last name), C.S., who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Guy Earle Mathews Signature

..... P. O. Address

Subscribed and sworn to before me this 1st day of MAY, 1942

(SEAL) Roberta Randall Notary Public, residing at Boise Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

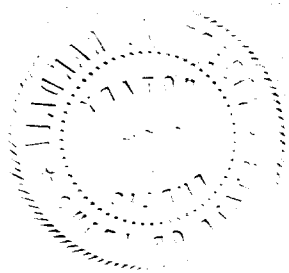
MAY 1 1942

JAN 7 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-22-3081-349 APR 20 1942 343001 343001

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343001
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD PEARL Josephine Stephens

5. Date of Birth of Child (Month, day, year) June 23, 1942

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Samuel Isaac Stephens
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Kansas City (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Adda Leona Current
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mrs Lydia White M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mabel F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-227-020-236

343006 343006

United States Department of Commerce Bureau of the Census

APR 30 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None - Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Glenns Ferry, Ida.

4. FULL NAME OF CHILD Ruth Rosalie Warner

5. Date of Birth of Child (Month, day, year) Dec. 27-1912

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Delbert Warner
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Dartford (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Garage manager & owner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Mabel Storey
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Breckenridge (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Warner (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that Mr. (First name) Davis (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Mabel Warner Signature

P. O. Address

Subscribed and sworn to before me this 28 day of April, 1942

(SEAL) ____ Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-013-001-251

343019

United States Department of Commerce Bureau of the Census

APR 30 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343019
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 19th & Bidenbaugh
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Eagle
(d) Street Address or R.F.D. No. Eagle
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Eagle, Idaho

4. FULL NAME OF CHILD Marie Kathleen Mace

5. Date of Birth of Child (Month, day, year) April 13-1942

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wesley Arthur Mace

11. Color or Race White **12.** Age at time of THIS birth 23 yrs.

13. Birthplace Eagle (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Kearns

17. Color or Race White **18.** Age at time of THIS birth 20 yrs.

19. Birthplace Helena (City or town) Montana (State or foreign country)

20. Exact Occupation Home wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 - 1% sol

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 a. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature John Boeck M.D. Midwife Address Boise Ida. Date 4-30-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

863 182005-863

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343193
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City Plummer
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City Plummer
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) same place.

4. **FULL NAME OF CHILD** John Wilbur Holt

5. Date of Birth of Child (Month, day, year) Aug 2, 1912

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy normal

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arne O Holt
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business carpentry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hermine Hannah Holt
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Eldora (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housekeeping for husband

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3:20 A M. on the date and at the place stated above and that personal particulars were furnished by Hermine (First name) Hannah Holt (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since birth years, and that Dr (First name) Cusick (Last name), who attended this birth deceased or can ot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hermine Hannah Holt Signature

Fairfield, Washington P. O. Address

Subscribed and sworn to before me this 13 day of April, 1942

(SEAL) ..... Notary Public, residing at Fairfield

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 27 1942 by Mabel Fowler, Registrar.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266 129 029 493

343225

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Near Palouse Wash.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Leonard Claude Bowers

5. Date of Birth of Child (Month, day, year) July 29 1912

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Claude Ellis Bowers
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME May G. Dickinson
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Idaho near Palouse (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by May G. Bowers (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature May G. Bowers ~~M.D.~~ ~~Midwife~~ Address 1500½ E. Sprague Date 4/9/42

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that Leonard Claude Bowers (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. May G. Bowers Signature
1500½ E. Sprague, Spokane, P. O. Address

Subscribed and sworn to before me this 9th day of April, 19 42

(SEAL) Alma Alcorn Notary Public, residing at Spokane Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Maud Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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963 105 030-795

343240

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Leadore
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: Born in Home
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Leadore
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Dead

4. FULL NAME OF CHILD John Edward Rothery

5. Date of Birth of Child (Month, day, year) 1-5-12

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Henry Rothery
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Newark (City or town) New Jersey (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marcelena Greiber
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Salmon, City Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at Six A.M. on the date and at the place stated above, and that personal particulars were furnished by Marcelena Stobbs (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that Doctor's name unknown (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marcelena Stobbs Signature
2342 Delmar Ave. P.O. Address

Subscribed and sworn to before me this 25th day of April 1942

(SEAL)

My Commission Expires July 26, 1943 Notary Public, residing at Monterey Park, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by Mary Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 3 1976

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363 104 006666

343241

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Goshen
   (c) Street Address or R.F.D. No. 2 Shelley
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: at home
   IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Goshen
   (d) Street Address or R.F.D. No. 2 Shelley
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Isaac Rawford Colby

5. Date of Birth of Child (Month, day, year) 5-4-1942

6. Sex Male

7. Twin or Triplet ×

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Franklin Colby
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Aurora (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business at home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Fowler
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Richfield (City or town) Utah (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 M. on the date and at the place stated above and that personal particulars were furnished by Sarah E. Colby (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. Address Shelley Ida Date 4/25/42

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 28 1942 by Mabel Fielder, Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, **when such** report is accompanied by a certificate of the attending **physician or** midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-102-022-514

343278

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Lamon P.O.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Lamon, Post Office
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lamon Ida

4. **FULL NAME OF CHILD** LeRoy Marion Callahan

5. Date of Birth of Child (Month, day, year) May 2, 1912

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lee Roy Callahan
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Friendship, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Myrtle Vaughan
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Saltillo, Mississippi (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing used

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5: A. M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle Callahan (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Minnie L Vaughan M.D. Address 224 W. 1. N. Salt Lake City Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343332
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: 6 months
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Ida.

4. FULL NAME OF CHILD Edward Benton Trueman Jr.
5. Date of Birth of Child (Month, day, year) May 30-1912
6. Sex Boy
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Edward Benton Trueman Jr.
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Kalispell, Montana (City or town) (State or foreign country)
14. Exact Occupation Laborer.
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Edith Helen Maisie Monroe
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Belgrade, Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credé method.
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Mongolia
County of St. Louis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I ~~am~~ She the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, ~~that I have known this person for~~ ..... ~~years, and that~~ ..... (First name) (Last name), ~~who attended this birth~~ ..... (Is now deceased) or (Cannot be located) I ~~further state that~~ the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Geo. Savage Signature
Formaley Mrs. Edward B. Trueman
2113 5 Ave E. Hibbing, Minn. P. O. Address

Subscribed and sworn to before me this 17 day of April, 1942
(SEAL) H. P. Reed
H. P. REED, Notary Public, St. Louis County, Minn.
My Commission Expires March 1, 1949.
Notary Public, residing at Hibbing St. Louis Co.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

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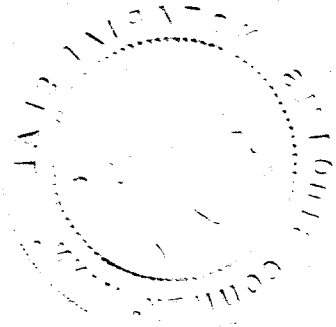
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

MAY 4 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343352
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Butte (b) City Howe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Howe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? all her life yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Pearl Roseanna Thornton

5. Date of Birth (Month, day year) Nov 5, 1942

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Warren Chester Thornton

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Smith (City or town) Ogden (State or foreign country) Utah

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eleanor Ann Thornton

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Howe (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 4 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Warren C. Thornton, being first duly sworn, say that I am Father (Related to (or) acquainted with) Pearl Roseanna Thornton (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Packard (Name of attendant at birth), who attended said birth dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Warren C. Thornton Signature

..... P. O. Address

Subscribed and sworn to before me on this 27 day of April 1942.

(SEAL) [signature] Notary Public, residing at Bonneville Idaho

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MAY 4 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Lane
(c) Street Address or R.F.D. No. Lane Idaho
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Lane Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Mary Leetta Thaxter.

5. Date of Birth of Child (Month, day, year) May 17, 1912

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Pearson Thaxter
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Iconium Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Estella Wetzel
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Fort Benton Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum no Doctor

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above and that personal particulars were furnished by Grace Estella Thaxter (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Grace Estella Thaxter M.D. Midwife Address now dead Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 61 years, and that Grace Estella Thaxter (First name) (Last name), who attended this birth and (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Grace E. Thaxter Signature
Rose Lake Idaho P. O. Address

Subscribed and sworn to before me this 18th day of April, 19 42
(SEAL) John W. Boothe Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mary F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Dearborn St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Dearborn St.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Warren Edwin Stoffer

5. Date of Birth of Child (Month, day, year) Oct 18, 1912

6. Sex Male
7. Twin or Triplet No — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Abraham Maxwell Stoffer
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Illinois City, Illinois (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy White
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Hanover, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum No Record
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Amy (First name) Stoffer (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 29½ years, and that Dr. S. [illegible] Miller (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amy White Stoffer, Signature
42½ East 16th Eugene, Ore., P. O. Address

Subscribed and sworn to before me this 6 day of April, 1942
(SEAL) M. D. Dahl Notary Public, residing at Eugene, Oregon
Notary Public for Oregon — My commission expires Jan. 18, 1944
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Mabel F. Elsfers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FILE # 343520

YEAR 1912

IDAHO BIRTH CERTIFICATE

☒ DELAYED CERTIFICATE

☒ VOID DUP OF 1912-9710

599-209040813

343575

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan, Idaho
(c) Street Address or R.F.D. No. Box 329
(d) Name of Hospital or Maternity Home: Own Home Hospitalization
(e) Mother's stay BEFORE delivery: x IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Mullan, Idaho

4. FULL NAME OF CHILD Judith Lily Linea Erickson

5. Date of Birth of Child (Month, day, year) JAN. 9 1942

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henning Erickson

11. Color or Race White (Swedish)

12. Age at time of THIS birth 30 yrs.

13. Birthplace Varmland (City or town) Sweden (State or foreign country)

14. Exact Occupation Miner - Millman.

15. Industry or Business Lead Mines & Coeur d'Lene

MOTHER OF CHILD

16. FULL MAIDEN NAME Margreth Caroline Walleen

17. Color or Race White (Swedish)

18. Age at time of THIS birth yrs.

19. Birthplace Stockholm (City or town) Sweden (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that Ida Rolfe (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Margreth Erickson Signature

Clarkston Wash. P. O. Address

Subscribed and sworn to before me this 27 day of April, 1942

(SEAL) Guest Walters Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1971

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-222022-235

343580

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Badger
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 4 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Badger
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Badger, Idaho

4. FULL NAME OF CHILD HAZEL LEONE HENDRICKSON

5. Date of Birth of Child (Month, day, year) Nov. 22, 1912

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME FRANK HENDRICKSON
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Wanship, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME ELIZABETH ANGELINE STEWART
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Clarkston (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] P. (Born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by [illegible] (First name) [illegible] (Last name) who is related to this child as [illegible] (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 39 years, and that Eunice Talley (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth A Hendrickson Signature

606 N. 16th Ave., Yakima, Wash. P. O. Address

Subscribed and sworn to before me this 29th day of April, 1942.

(SEAL) Helen W. Murphy Notary Public, residing at Yakima, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mark Fraser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1942

NOV 26 1980

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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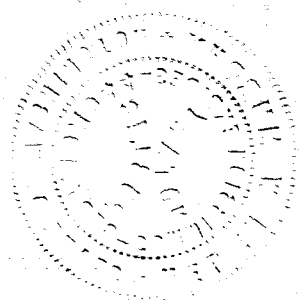

491-222038-819

343582

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thelma Epha Draper

5. Date of Birth of Child (Month, day, year) 8-22-1912

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME James Alfred Draper

11. Color or Race White **12.** Age at time of THIS birth 26 yrs.

13. Birthplace South Dakota
(City or town) (State or foreign country)

14. Exact Occupation Guard at Idaho

15. Industry or Business State Penitentiary

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Francis Harris

17. Color or Race White **18.** Age at time of THIS birth 25 yrs.

19. Birthplace Payette Olean Mo
(City or town) (State or foreign country)

20. Exact Occupation House Keeper

21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 7-P. M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Ella Francis Draper who is related to this child as Mother
(First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature Ella F. Draper M.D. Midwife Address Date

State of Idaho } ss.
County of Payette }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that no (First name) doctor (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella F. Draper Signature

Payette Idaho P. O. Address

Subscribed and sworn to before me this 30 day of April, 1942

(SEAL) Martin Hunter Probate Judge Notary Public, residing at Payette Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mabel Weeks, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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343989

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Coolin,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Coolin,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Coolin, Ida.

4. FULL NAME OF CHILD Donald Bruce Winslow

5. Date of Birth of Child (Month, day, year) May 31 - 1912

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Butler Winslow
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Logansport (City or town) Ind. (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Pearl Mead
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Petersburgh, Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 yr. 11 m. years, and that Mrs. E. Reardon (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Pearl Winslow Signature
W 719 Kiernan, Spokane, Wn P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942

(SEAL) George E. Bradley Notary Public, residing at Spokane Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

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+ 253-211 001 796

343998

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ____
Local Reg. No. ____
Reg. Dist. No. ____

1. **PLACE OF BIRTH**
(a) County Ada (b) City Kuna
(c) Street Address or R.F.D. No. ____
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county years 2 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Ida (b) County Ada
(c) City Kuna
(d) Street Address or R.F.D. No. ____
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Kuna Ida.

3. **RESIDENCE of FATHER** (city, state) Kuna Id

4. **FULL NAME OF CHILD** Martha Isabell Selby

5. Date of Birth (Month, day, year) Sept. 11-1942

6. Sex Femal 7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____ 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Irvin Selby
11. Color or Race white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Boon (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Bell Groome
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Cuba, Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum [redacted] Silver Nitrate Sol.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12 - M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Irvin Selby, who is related to this child as father. (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature Geo. R. A. Kellogg M.D. (D.O., Midwife, etc.) and address Nampa, Ida. Date 5-12-42.

26. (a) MAY 5 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

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243-109 003699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344028
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannack (b) City Hatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannack
(c) City Hatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ernest Fredrick Buckendorf

5. Date of Birth of Child (Month, day, year) May 9, 1912

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James H. Buckendorf
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Laramie (City or town) Wyoming U.S.A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora May Wrisinger
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Richmond, (City or town) Missouri USA (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Beaverhead } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 30 years, and that Mrs. Tom (First name) Stewart (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lottie Buckendorf Powers Signature
P. O. Address

Subscribed and sworn to before me this 30th day of April 1942

(SEAL) [signature] Notary Public, residing at Lima, Montana

NOTARY PUBLIC for the State of Montana, Residing at Lima, Montana. My commission expires February 15th, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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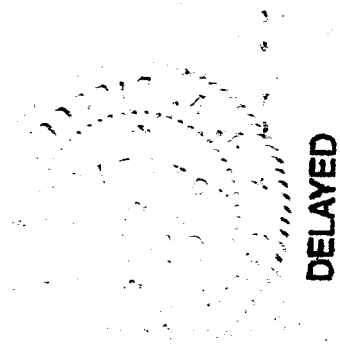

DUP OF 12-6782

269-106-001-354

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344029
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 507 Grove St.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: **IN THIS** county 23 years 11 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 507 Grove St.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida.

4. **FULL NAME OF CHILD** Marshall Lemp Simonson

5. Date of Birth of Child (Month, day, year) October 6 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marshall Castine Simonson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Salem (City or town) Illinois (State or foreign country)
14. Exact Occupation Assistant City Clerk
15. Industry or Business City of Boise Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Bernice Lemp
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 53 years of age, that I have known this person for 29 years, and that Dr. William F. Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Louise Lemp Simonson Signature
127 S. Marengo Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this APR 30 42 day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by ....., Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-222016-813

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344036
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mother's Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Lora Curtis

5. Date of Birth of Child (Month, day, year) May 22, 1942

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert William Curtis
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Oakley (City or town), Idaho (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Mary Hale
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Cassia (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Utah } ss.
County of Salt Lake }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that A. O. Nielson (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola M. H. Curtis Signature
1582 Orchard Drive; Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 6th day of May, 1942.
(SEAL) Renee N. Madsen Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by , Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Frederick Walker

5. Date of Birth of Child (Month, day, year) Aug. 15, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Arson Walker
11. Color or Race white
12. Age at time of THIS birth ? yrs.
13. Birthplace Bismark, No. Dakota (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helena Beck
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Grangeville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 years, and that Dr. Campbell & Dr. Stockton (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helena Beck Friedin signature

8408-18th. Ave. S.W., Seattle P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942

(SEAL) Fay Bruner Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

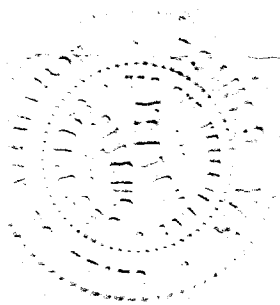
JUN 4 1974

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344069
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: my own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Herbert Leon Thorne

5. Date of Birth of Child (Month, day, year) July 14 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Thorne
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Rockland Idaho (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Elizabeth Mary
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Calls Fort Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth M Thorne (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that Kinsley Fish (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth M Thorne Signature

P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942

(SEAL) Thos B Barnard Notary Public, residing at Rockland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 21 1952

DEC 28 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 344301
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 8 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Kooskia Idaho

3. RESIDENCE of FATHER (city, state): Kooskia Idaho

4. FULL NAME OF CHILD William Henry Cochran

5. Date of Birth (Month, day, year) Nov 1 1912

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Howard Alonzo Cochran
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Iowa (City or town) Kansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Emma Malbrieh
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Iowa (City or town) Kansas (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 8 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Clallam } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bessie E Cochran (Name of person on certificate above) being first duly sworn, say that I am mother of (Related to (or) acquainted with) Wm Henry Cochran (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Adamson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded. to my knowledge

Bessie E Cochran Signature

Forks Wash. P.O. Address

Subscribed and sworn to before me on this 3rd day of January, 19 41

(SEAL) June C Taylor Notary Public, residing at Forks

B & C

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344339
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Harrisburg (near Kamiah)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years 5 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Harrisburg (near Kamiah)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Harrisburg, Idaho

4. FULL NAME OF CHILD Esther Hollingsworth

5. Date of Birth of Child (Month, day, year) May 25, 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur D. Hollingsworth
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Redfield, Iowa (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Belle Amsbury
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 30 years, and that Hannah George (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie B Hollingsworth Signature
R.F.D.1. Marysville, Wash. P. O. Address

Subscribed and sworn to before me this 6th day of May, 1942

(SEAL) W. S. Myers Notary Public, residing at Marysville

K (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mabel F. Elsfer, Registrar.

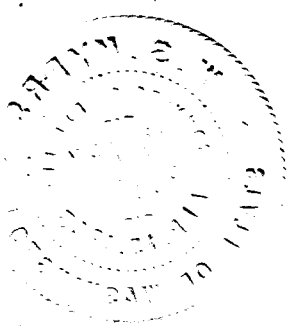
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344348
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County DE SMET (b) ~~City~~ State IDAHO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN ON FARM - 3 MILES FROM DE SMET
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County
(c) ~~City~~ DE SMET
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LEO DELL HOGAN

5. Date of Birth of Child (Month, day, year) APRIL-23-1912

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** WILLIAM HENRY HOGAN
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace DECATER (City or town) ILLINOIS USA (State or foreign country)
14. Exact Occupation FARM - OWNER.
15. Industry or Business FARMING.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ADELINE KLEMGARD.
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace WALLA WALLA (City or town) WASHINGTON (State or foreign country)
20. Exact Occupation HOUSEWIFE —
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

~~State~~ CITY of CALGARY
~~County of~~ ALBERTA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

PROVINCE I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years, and that DOCTOR (CANNOT RECALL NAME) (First name) (Last name) who attended this birth CANNOT be LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adaline Edwards Signature
325-6-Ave West Calgary P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942 (SEAL) [signature] Notary Public, residing at Calgary Alberta Canada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel K. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-126 014-369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344387
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) ~~Street Address~~ or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) ~~Street Address or~~ R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 3 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) 3 mo.

4. FULL NAME OF CHILD Le Dean Foster McCrory

5. Date of Birth of Child (Month, day, year) July 26-1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Bertram McCrory
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace New California (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kathryn Isabelle Corey
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Olathe (City or town) Colorado (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29+ years, and that Mrs. McAdams (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. B. McCrory Signature
353 E. Alvarado Pomona Calif. P.O. Address

Subscribed and sworn to before me this day of May, 1942
(SEAL) [signature] Notary Public, residing at Pomona Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires July 26, 1944

Received for filing on MAY 11 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-124-022-819

344506

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County [illegible] (b) City Rigby
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Reynold Harmon Hill

5. Date of Birth of Child (Month, day, year) 2-24-1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George William Hill
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Melville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Harmon
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Clifton, Oneida Co., Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. ~~Number of children of this mother:~~ (a) At time of birth and including this child 4 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Josephine Newman (First name) (Last name), who is related to this child as Midwife (Mother, etc.)

25. Attendant's **OWN** signature Josephine Newman M.D. Midwife Address Rigby Rt Idaho Date Apr 21 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Eih certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693 228009 646

344621

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344621
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Granite
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Granite
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ina Mae Wiley

5. Date of Birth of Child (Month, day, year) Dec. 28, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Arthur Wiley

11. Color or Race White

12. Age at time of THIS birth yrs.

13. Birthplace Devils Lake, North Dakota (City or town) (State or foreign country)

14. Exact Occupation Logger & rancher

15. Industry or Business Logging and ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine O'Donnell

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Walla-Walla, Washington (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Logging & farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Arabella Kelso (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Evans Signature

Rte 1, Coeur d Alene, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 19 42

(SEAL) W. B. McCartney Notary Public, residing at Coeur d Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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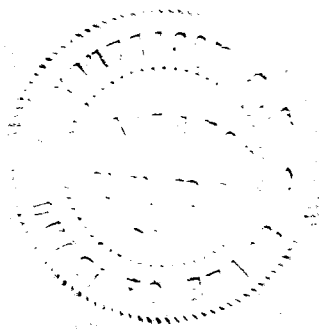

265-25-032-792

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344643
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Richfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Richfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HERMAN GILMORE KOEHLING

5. Date of Birth of Child (Month, day, year) Oct 25 1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Joseph H. Koehling
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Mary Gibson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Eureka Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that Unknown (First name) (Last name), who attended this birth Unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kissick Gibson Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942.

(SEAL) Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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419-204 04 619

United States
Department of Commerce
Bureau of the Census

MAY 13 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344671
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Route #2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Route #2
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD Vella Margaret Marrs

5. Date of Birth of Child (Month, day, year) June 4th 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ira Alvin Marrs
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Friendville (City or town) Nebraska (State or foreign country)
14. Exact Occupation Agriculturist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilly Olivia Warner
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 29 years, and that Dr. (First name) Cole (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lilly Olivia Warner Evans, Signature
Bellevue Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1942

(SEAL) [signature] Notary Public, residing at Bellevue

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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MAY 16 1942

DELAYED REGISTRATION LAW

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632-211-021-299

344672

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: in home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 9 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. 324 W. 2nd South
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Roma Kirkup Olsen

5. Date of Birth of Child (Month, day, year) July 11, 1942

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Erastus Peter Olsen
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Cashmain Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Kirkup
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Franklin Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living home

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Nancy L. Beckstead M.D. Midwife Address Preston Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396 119 040-449

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344694
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Osborne
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Osborne
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Osborne, Ida

4. FULL NAME OF CHILD Lawrence Bernard Crowley

5. Date of Birth of Child (Month, day, year) August 19, 1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Patrick Crowley
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Co. Waterford (City or town) Ireland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Murphy
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Co. Waterford (City or town) Ireland (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 29½ years, and that Lulu Prichard (First name) (Last name), who attended this birth ✓ (~~is now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Crowley Signature
210 N.E. Cyprus st. Portland Ore. P. O. Address

Subscribed and sworn to before me this 30 day of April, 1942.

(SEAL) Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code) MY COMMISSION EXPIRES DEC. 12, 1944

Received for filing on MAY 14 1942 by Mark Miller Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

AUG 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

6518-036-39

344758

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Glendale
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Glendale
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vencent Richard Owen

5. Date of Birth of Child (Month, day, year) July 18, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Herbert Owen

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace ..... (City or town) England (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Lunnia Larsen

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Logan Utah (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Herbert Owen (First name) (Last name), who is related to this child as Father (Mother, etc.).

25. Attendant's **OWN** signature Nancy Beckstead ~~M.D.~~ Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

SEE 12-14759 BOTH DELAYED
NEITHER MARKED TWIN OWEN VS OWENS

133-206-274-286

346026

345026

United States
Department of Commerce
Bureau of Census

MAY 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 345026
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) ~~Street Address~~ or R.F.D. No. Owl
(e) How long has **MOTHER** lived in Idaho? ten yrs.
(f) Mother's mailing address Parma Idaho

3. RESIDENCE of FATHER (city, state) Parma Idaho

4. FULL NAME OF CHILD Irma Doris Allison

5. Date of Birth (Month, day year) Feb. 6, 1912

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Allison
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Gallipolis Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Luzetta Shoup
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Unionville Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Cora L. Allison (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 21 1942 (Date received) (b) Mary F. Elders (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Clara Brock ~~M.D.~~ (D.O., Midwife, etc.) and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1952

MAY 21 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-107-002-458 MAY 23 1942 345062

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345062
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital~~ or ~~Maternity Home~~: At our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 3 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Seven yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alvin Martin Stewart
5. Date of Birth of Child (Month, day, year) June 7 - 1912
6. Sex Male
7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd —
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Harry Charles Stewart
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Fort Madison Iowa (City or town) (State or foreign country)
14. Exact Occupation Auto mechanic
15. Industry or Business Garage

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Josephine Meyer
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Paxton Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Given by Dr. Martin
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that D. E. Martin (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Meyer Stewart Signature
P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1942
(SEAL) Ray E. Peterson Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

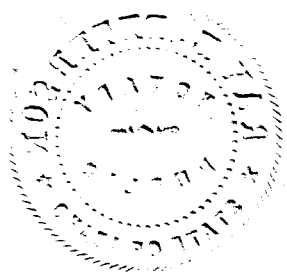
OCT 2 9 1976

MAY 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



IIV-219-014-132

346125

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Colwell
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or, Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Colwell
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Harriet Lillian James

5. Date of Birth (Month, day year) Feb 19, 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Albert James
11. Color or Race caucasion
12. Age at time of THIS birth 30 yrs.
13. Birthplace Idaho, Boise (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marion Ada Ackerman
17. Color or Race caucasion
18. Age at time of THIS birth 27 yrs
19. Birthplace Norman, Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Marion James (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAY 20 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature W C James M.D. (D.O., Midwife, etc.)
and address Date

State of Territory of Alaska
County of Third Division } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marion Ada James, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Harriet Lillian James (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that William James (Name of attendant at birth), who attended said birth is living (above) (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marion Ada James Signature
Anchorage, Alaska P. O. Address

Subscribed and sworn to before me on this 14th day of May, 19 42

(SEAL) [signature] Notary Public, residing at Anchorage, Alaska

11/13/43

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DELAYED

DUP. OF 12-5125

242-209-028-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346139
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Route R
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1a yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD Winifred Elaine Buss

5. Date of Birth of Child (Month, day, year) Sept 9 1942

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louis Ford Buss
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Menominee (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Winifred Harper
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Minneapolis (City or town) Minn. (State or foreign country)
20. Exact Occupation Nurses aide
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 3 4 M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Kootenai }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 30 years, and that Connie (First name) Harper (Last name) who attended this birth no name dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Winifred Buss Signature
Hauser Lake, Ida. P. O. Address

Subscribed and sworn to before me this 18 day of May, 1942

(SEAL) Florence McNaughten Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.

Received for filing on MAY 20 1942 by Mabel Weeks Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 318-020-042-414

346168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls Ida

4. **FULL NAME OF CHILD** Janevelyn Lay

5. Date of Birth of Child (Month, day, year) Feb 20-1917.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Edward Lay
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Buffalo Kansas (City or town) (State or foreign country)
14. Exact Occupation Retail Lumberman
15. Industry or Business Retail Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leone Warn Maddox
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Carthage Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Do

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that Dr. John R. Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leone W. Lay Signature
Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942

(SEAL) Notary Public, residing at Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Comm. Exp. 11-24-42)

Received for filing on MAY 19 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

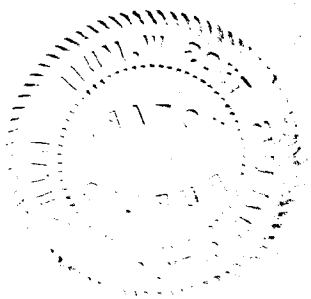
FEB 14 1974

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



466-117-030-249

346173

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in private home
(e) Mother's stay **BEFORE** delivery: IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15(45) yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD Henry Warren Downing

5. Date of Birth of Child (Month, day, year) June 17, 1912

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Wilkerson Downing
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Tillamook (City or town), Oregon (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining for himself.

MOTHER OF CHILD

16. FULL MAIDEN NAME Venus Lulu Burk
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Miller (City or town), South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Venus (First name) Downing (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's OWN signature Henry Downing Midwife Address Kooskia, Idaho Date 5/13/42

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that Henry (First name) Downing (Last name), who attended this birth can be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Venus Downing Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 14 day of May, 19 42.

(SEAL) Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 16 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-222-001-995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346174
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City
(c) Street Address or R.F.D. No. New Plymouth,
(d) Name of Hospital or Maternity Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? about 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leona Munson

5. Date of Birth of Child (Month, day, year) July 22 1912.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Ora Marion Munson.
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Vivian Ring.
17. Color or Race White
18. Age at time of THIS birth 15 yrs.
19. Birthplace North Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Louisiana
County of Calcasieu } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 30 years, and that Ora Vivian (First name) Baldwin (Last name) who attended this birth of Leona Munson (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ray L. Baldwin Signature
~~[illegible]~~ West Lake, La. P. O. Address

My Commission Expires 5-31-44

Subscribed and sworn to before me this 9th day of May, 1942

(SEAL) Laura C Deal Notary Public, residing at Lake Charles La.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 12-7151

954-104-030-285

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346177
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Leadore
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 34 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Leadore
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Leadore, Idaho

4. **FULL NAME OF CHILD** Ivan Vanta Reddington

5. Date of Birth of Child (Month, day, year) Jan. 4, 1912

6. Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Burns Reddington
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Kansas City, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Ellen Shelly
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Leadore Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ------M. on the date and at the place stated above, and that personal particulars were furnished by Cora Ellen Reddington (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Elizabeth Clark M.D. or Midwife Address Salmon, Idaho Date May ___, 1942

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 30 years, and that Elizabeth Clark (First name) (Last name), who attended this birth, is living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Reddington Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of May, 19 42

(SEAL) Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by ..., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of KOOTENAI

City of COEUR D'ALENE

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 346231

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD PHILLIP EARL TOSH

3. Sex male

If plural births: 4. Twin, triplet, or other single; 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth Oct 18, 1912 (Month, Day, Year)

FATHER

9. Full name THOMAS ALEXANDER TOSH

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Ida

11. Color or race white | 12. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or Country) NASHVILLE TENN.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. PRIVATE

16. Date (month and year) last engaged in this work Oct. 30, 1912

17. Total time (years) spent in this work 6 months

MOTHER

18. Full maiden name MALINDA ALICE VENABLE

19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Ida

20. Color or race white | 21. Age at last birthday 40 (years)

22. Birthplace (city or place) (State or Country) HOUSTON ~~County~~ MISSOURI

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 19 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 10 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 3 (c) Stillborn 1

29. If stillborn, period of gestation 8 months (months or weeks)

30. Cause of Stillbirth fall — Before labor ..... ~~During labor~~

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ~~BORN ALIVE~~ at ~~4 a. m.~~ on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed MAY 16 1942, 193.. [signature]

Registrar.

DELAYED

362-118-028-555

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of IDAHO } ss.
County of KOOTENAI }

Thomas Alexander Tosh being first duly sworn says that he is the FATHER (Relationship of child)* of PHILIP EARL TOSH born OCTOBER 18, 1912 (Date of birth) at COEUR D'ALENE, Idaho, whose certificate of birth is hereto attached, and that THOMAS A. TOSH desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said PHILIP EARL TOSH hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. KAY, ~~M. D., was the~~ Midwife medical attendant at the birth of said PHILIP EARL TOSH and that the said medical attendant is CANNOT BE LOCATED (Now deceased (or) cannot be located)

Name of Affiant Thomas A Tosh

P. O. Address 1072 A St., Cda. Idaho

Subscribed and sworn to before me this 14 day of May, 1942

Jas A. Foster
CLERK OF DISTRICT COURT
EX-OFFICIO AUDITOR & RECORDER
KOOTENAI COUNTY, Idaho.
By Jas C [illegible] Deputy

Residing at

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

MAY 16 1942

819-207-016-666

346236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Heglar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 3 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Heglar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Heglar, Idaho

4. FULL NAME OF CHILD Edwina Frances Harris

5. Date of Birth of Child (Month, day, year) June 7-1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Columbus Harris
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Springfield (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Josephine Woodland
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Dunlap (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Del Norte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 18 years, and that Mrs. George Young (First name) (Last name) who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Josephine Harris Signature
281-E. St. Crescent City, Calif. P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942

(SEAL) Emma Cooper Notary Public residing at County Clerk and ex-officio Clerk of

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Superior Court Del Norte Co., Calif., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 4 1974

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-102-006-43

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346237
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No. R 1
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery: at home
   In Hospital or Maternity Home ..... Days
   In **THIS** county 2 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address (for registration notice):
   Laura Christensen (Street or R.F.D.) R 1 (Postoffice) Shelley

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** LaMar Albert Christensen

5. **DATE OF BIRTH** (Month, day, year) 2-2-1942

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Holger Christensen

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Denmark (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Kellian

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Castle Valley Utah (City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
   (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 a. M. on the date and at the place stated above, and that personal particulars were furnished by Laura Christensen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 18 1942 (Date received) (b) Mary Hepler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Elzada A. Lawrence M.D. (D.O., Midwife, etc.)
and address Shelley Idaho Date 5/13/42

MAY 28 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

814-21-02854

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346257
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gertie Lorrina Hampton

5. Date of Birth of Child (Month, day, year) Dec. 11, 1912

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy — **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William J. Hampton
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Texas (City or town) (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Arley Delphine Ledford Hampton
17. Color or Race White **18.** Age at time of THIS birth 16 yrs.
19. Birthplace North Carolina (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Tulare }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 28 years, and that Doctor Freeman (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arley [illegible] Signature

[illegible] P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942

(SEAL) [illegible] Notary Public, residing at Exeter Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mabel Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 6 1942

MAY 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-218-028-313

346268

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Cataldo, Ida.

4. FULL NAME OF CHILD Wilma Marie Waisner

5. Date of Birth of Child (Month, day, year) Jan. 18, 1912

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Dave Waisner
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Mikkeh, Finland. (City or town) (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Riika Talvitie
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Vassa, Finland. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for years, and that Hattie Hill (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

mrs Riika Koso Signature
Cataldo, Idaho. P. O. Address

Subscribed and sworn to before me this 17th day of May, 19 42.

(SEAL) L.W. Butler Notary Public, residing at Cataldo, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-203-007-863

346309

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346309
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) 30 years in Idaho

4. FULL NAME OF CHILD Phoebe Elinor Carpenter

5. Date of Birth of Child (Month, day, year) April 3-1942

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Henry Carpenter
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Indiana (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Melissa Hollenbeck
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Redlands (City or town) California (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 30 years, and that Alice (First name) Lloyd (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Henry Carpenter ✓ Signature
1412-4th St. No. Nampa Ida. P. O. Address

Subscribed and sworn to before me this 21 day of May 1942

(SEAL) R. F. McCoy Notary Public, residing at Hailey Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by Mary H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-102-084-168

346340 346340

MAY 26 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Nounan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Nounan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Nounan, Idaho

4. FULL NAME OF CHILD Donald Johnson Williams

5. Date of Birth of Child (Month, day, year) June 2, 1942

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8 mos. Legitimate?

FATHER OF CHILD

10. FULL NAME Oliver Williams

11. Color or Race White **12.** Age at time of THIS birth 35 yrs.

13. Birthplace Paris (City or town), Idaho (State or foreign country)

14. Exact Occupation Ranching

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hanna Denina Johnson

17. Color or Race White **18.** Age at time of THIS birth 35 yrs.

19. Birthplace Paris (City or town), Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:15 A. M. on the date and at the place stated above, and that personal particulars were furnished by Hanna Denina (First name) Williams (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Geo. F. Ashley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Hanna Denina Williams Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of May, 19 42.

(SEAL) Edna Shaeffer Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

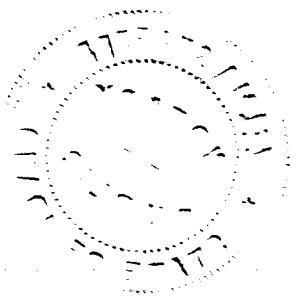
MAY 26 1942

JAN 15 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



695-202-013-613

346401

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canis (b) City Fairfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in owne home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canis
(c) City Fairfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Fairfield Idaho

4. FULL NAME OF CHILD Myrtle Alfonzo Finch

5. Date of Birth of Child (Month, day, year) July 2, 1912

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eugene Finch
11. Color or Race White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Fairfield (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Ethel Watt
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Livingston (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Mineral } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 30 years, and that Dr. Higgs (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Eva E Finch Signature
Hawthorne, Nevada P. O. Address

Subscribed and sworn to before me this [illegible] day of May, 1942

(SEAL) [illegible] Notary Public, residing at Hawthorne, Nevada
Clerk Mineral County, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-119-028-499

346430

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Marine Route 4
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Marine Route 4
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lester Black

5. Date of Birth of Child (Month, day, year) 12-19-1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Basil Nelson Black
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Ann Uzzel
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) Alton Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 29 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Basil Nelson Black Signature
26-24 Pine St Butte P. O. Address

Subscribed and sworn to before me this 16th day of May, 1942

(SEAL) T. F. O'Connell Notary Public, residing at Butte, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-211-203-2711

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346543
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Banock (b) City Arbon
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: nil
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Banock
(c) City Banock
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) 12 years

4. FULL NAME OF CHILD Carrol Bell Shandrew [redacted]

5. Date of Birth of Child (Month, day, year) Oct, 11-1912.

6. Sex female

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnacy -

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Edward Shandrew
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Cottonwood, Utah. (City or town) (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Leona Sparks
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Moinent, Utah. (City or town) (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 5 Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Sacramento } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 10 years, and that Ann (First name) Shandrew (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Leona Shandrew. Signature

Rt. 4 Box 4460-Sacramento, Calif. P. O. Address

Subscribed and sworn to before me this 24th day of April, 19 42.

(SEAL) Notary Public, residing at Sacramento. Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-225-005-317

346553

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BENEWAH (b) City TEKOA, WASH.
(c) Street Address or R.F.D. No. STAR ROUTE
(d) Name of Hospital or Maternity Home: PRIVATE HOME OF ELIZA STENGAR
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BENEWAH
(c) City MAIL ADD. TEKOA, WASH.
(d) Street Address or R.F.D. No. STAR ROUTE
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD MARY ALICE STENGAR

5. Date of Birth of Child (Month, day, year) SEPT. 25, 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME ALBERT STENGAR

11. Color or Race W

12. Age at time of THIS birth 30 yrs.

13. Birthplace ADDY (City or town) WASH. (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELISE LAPLANTE

17. Color or Race W

18. Age at time of THIS birth 25 yrs.

19. Birthplace ARLEE (City or town) MONTANA (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 5 A.M. on [illegible] date and at the place stated above, and that personal particulars were furnished by ELISE (First name) OAKE [illegible] (Last name) who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Eliza Stengar M.D. Midwife Address STAR ROUTE Tekoa Washington Date [illegible]

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

957-111-035-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346726
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 1618 - G - St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 15 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Donald Bernard Ingham

5. Date of Birth of Child (Month, day, year) Dec. 11th 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Francis Ingham
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Houlton (City or town) Maine (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Della Burks
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Malvern (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Industry

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 29 years, and that Chas. W. Shaff M.D. (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary D. Ingham Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 23 day of May, 1942
(SEAL) C. P. Hindle Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mabel F. Elder, Registrar.

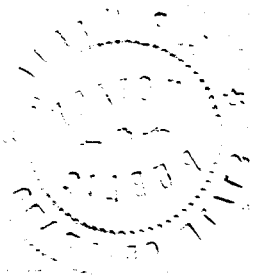
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



318-103-206-386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346743
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Kimbal
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Born here
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Kimbal
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Kimbal Idaho

4. FULL NAME OF CHILD Joseph Willard Taylor

5. Date of Birth of Child (Month, day, year) April 3 1917

6. Sex Boy **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Boise Taylor
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Angeline Marguetta Thomas
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Hennaman Utah (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 53 years of age, that I have known this person for 29 years, and that Mary Jorgensen (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Angeline Marguetta Taylor Signature
P. O. Address

Subscribed and sworn to before me this 25 day of April, 1917.
(SEAL) Notary Public, residing at Salt Lake City Ut
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-101-028-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346922
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City CATALDO
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 38 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City CATALDO
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) CATALDO, IDA

4. FULL NAME OF CHILD WERNER MIKE MACK

5. Date of Birth of Child (Month, day, year) JULY 1, 1912

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** SAM MACK
11. Color or Race WHITE
12. Age at time of THIS birth 52 yrs.
13. Birthplace (City or town) FINLAND (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** PAULINE LINQUIST
17. Color or Race WHITE
18. Age at time of THIS birth 42 yrs.
19. Birthplace (City or town) FINLAND (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by PAULINE (First name) MACK (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Anna Huston M.D. Midwife Address DUDLEY, IDA. Date 5/19/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1973

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-225-D02-141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346924
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADAMS (b) City TAMARACK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho, (b) County ADAMS
(c) City TAMARACK
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) TAMARACK, Idaho

4. FULL NAME OF CHILD RUBIE HELEN FAIRHURST

5. Date of Birth of Child (Month, day, year) MARCH 25, 1912

6. Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE EDWARD FAIRHURST
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace HEPNER, OREGON (City or town) (State or foreign country)
14. Exact Occupation LOGGER
15. Industry or Business SAW MILL

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DOLLY MAY ADAMS
17. Color or Race WHITE
18. Age at time of THIS birth 16 yrs.
19. Birthplace LEMHI CO. IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of GEM } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that MRS JOHNNIE MOORE (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George E. Fairhurst Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 5 day of May, 1942
(SEAL) Chas Bureeson Notary Public, residing at Emmett Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mabel F. Elsfire, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-222-018-336

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346936
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) Orofino Idaho

4. **FULL NAME OF CHILD** Mrs Cora Blanch ~~Ring~~

5. Date of Birth of Child (Month, day, year) Nov. 22. 1912

6. Sex Female

7. Twin or Triplet — If so, born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Washburn E. Mulliken
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Orofino (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie E. Lloyd
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Fama County (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for since birth years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie E. Mulliken Signature
Orofino Idaho P. O. Address

Subscribed and sworn to before me this 25th day of May, 1942
(SEAL) H. L. Walrath Notary Public, residing at Orofino Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 9 1967

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

993-230-007239

346941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City near Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Mrs Emily Scriven
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alice Elizabeth Rice

5. Date of Birth of Child (Month, day, year) April 30, 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Charles Samuel Rice
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace near Denver (City or town) Colorado (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Maude Scriven
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 30 years, and that Mrs. Emily Scriven (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della Maude Rice Shaw Signature
225 West 107th St. Los Angeles Cal P. O. Address

Subscribed and sworn to before me this 26 day of May, 1942

(SEAL) [signature] Notary Public, residing at Los Angeles, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-112-027369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346945
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elmer L. Kennison

5. Date of Birth of Child (Month, day, year) 12-12-1912

6. Sex

7. Twin or Triplet

If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Henry Kennison
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Abilene (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delphia Ann Lovance
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Coyville (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, ~~stillborn~~) at 7 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. David Henry Kennison (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Deceased Address Deceased Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that Deceased (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delphia Ann Kennison Signature
in Jerome Idaho P. O. Address

Subscribed and sworn to before me this 27 day of May, 1942

(SEAL) William T. Comstock ~~Notary~~ Public, residing at Jerome Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Probate Judge & Ex-Officio Clerk

Received for filing on MAY 28 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 1967

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

572-119-003-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346988
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannoock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls Ida.

4. FULL NAME OF CHILD Glenn Earl Egbert

5. Date of Birth of Child (Month, day, year) Sept. 19, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Keith Eugene Egbert
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Grace (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margurite Nanney
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Marysville (City or town) Missouri (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for ..... years, and that Mrs. (First name) Stoddard (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Keith Eugene Egbert Signature
154 Lincoln Twin Falls Idaho P. O. Address

Subscribed and sworn to before me this 25th day of May, 1942.
(SEAL) Josephine Moore Notary Public, residing at Twin Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-226-014-254 JUN 3 1942 34 7057

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347057
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Talk near New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Florence Marie Kessler

5. Date of Birth of Child (Month, day, year) June 26 1912

6. Sex F **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin Ellsworth Kessler
11. Color or Race white **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Brant County (City or town) Nebraska (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Kemp
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Chicago (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for since birth years, and that Do not remember (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Father and mother applicant both deceased. I saw applicant when she was two or three days old

Harry S Kessler Signature

1174 Ridenbaugh St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1942

(SEAL) Emmaday Robertson Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mary H Eglen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires, in advance, payment of fifty cents, money order or coin.

JUN 21 1976

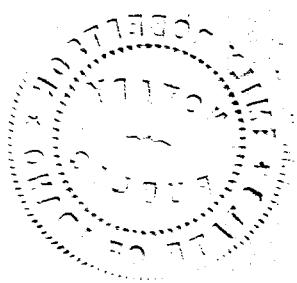
JUN 3 1942

MAR 30 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



915-222-044-259 347068

347068

United States Department of Commerce Bureau of the Census

JUN 3 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347068
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Weiser Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 32 years 5 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. Ranch
(e) How long has **MOTHER** lived in Idaho? 32½ yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Idaho 1912

4. FULL NAME OF CHILD Cora Eathel Randleman

5. Date of Birth of Child (Month, day, year) March 22nd

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Curtis W. Randleman
11. Color or Race White 12. Age at time of THIS birth 34+ yrs.
13. Birthplace Carlisle (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Maggie Keithly
17. Color or Race White 18. Age at time of THIS birth 32+ yrs.
19. Birthplace Middle Valley (City or town) (Now Midvale) (State or foreign country) Idaho.
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64+ years of age, that I have known this person for Since Birth years, and that James (First name) Young M.D. (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Curtis W Randleman Signature
Weiser Idaho. P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942
(SEAL) [signature] Notary Public, residing at Weiser Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup'd 1912-4818

813-220-010-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34730
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Idaho Falls General Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Inkom
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Inkom - Ida.

4. FULL NAME OF CHILD Leah Ada Hatch

5. Date of Birth of Child (Month, day, year) Dec 20, 1941

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Henry Hatch
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Layton, Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Fowler
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Bountiful, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Female (Born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ada Hatch (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature John A. Mellor M.D. Midwife Address Idaho Falls, Ida Date Dec 20 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel E. Baker, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 6 1948

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

696-287-230-395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347175
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Lemhi P.O.
(c) Street Address or R.F.D. No. 6 miles
(d) Name of Hospital or Maternity Home: Born in Tent
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Lemhi P.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lemhi, Lemhi Co

4. **FULL NAME OF CHILD** ROSIEBELLE FROST

5. Date of Birth of Child (Month, day, year) Aug-27-1912

6. Sex Female

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Smith Frost
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Austin (City or town) Nevada (State or foreign country)
14. Exact Occupation Timber Contractor
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Selma Louise Lindell
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 66 years of age, that I have known this person for 29 years, and that Doctor NAME UNKNOWN (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓Selma Louise Frost Signature
1901 – Constitution Lane, Long Beach Calif. P.O. Address

Subscribed and sworn to before me this 25 day of May, 1942

(SEAL) Harry D. Keeley Notary Public, residing at Long Beach Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

115-220-244-315

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347183
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash. (b) City Salubria
(c) Street Address or R.F.D. No. near Cambridge
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs. 7 mos

3. RESIDENCE OF FATHER (city, state) Salubria, Ida

4. FULL NAME OF CHILD Georgia Leone James

5. Date of Birth of Child (Month, day, year) May 20-1912

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Byron James
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Salubria (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Irene Lavender
17. Color or Race White **18.** Age at time of THIS birth 19 yrs. 7 mos
19. Birthplace Salubria near Cambridge (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 3300 A.M. on the date and at the place stated above, and that personal particulars were furnished by Jessie I. James (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Minnie Weston M.D. Midwife Address Weiser Ida Date May 8-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dupe of 1917-6468

291-116-036-921

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347280
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs. yrs.

3. RESIDENCE OF FATHER (city, state) American Falls

4. FULL NAME OF CHILD Clarence LeRoy Kramlich

5. Date of Birth of Child (Month, day, year) May 16, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Edward Kramlich
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Hardware Business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Isaak
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Parkston, South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Colorado
County of Denver } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that Dr. Noth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Kramlich Signature
5335 Montview Blvd Denver Colo P. O. Address

My Commission Expires November 29, 1945

Subscribed and sworn to before me this 29th day of May, 1942

(SEAL) Mary W. Riordan Notary Public, residing at Denver Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel F. Elsfern, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1969
MAR 3 1 1975

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-126-003-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347281
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 7 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County BANNOCK
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1-7-23 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho.

4. FULL NAME OF CHILD Evan Lowell Klatt

5. Date of Birth of Child (Month, day, year) April 26, 1912

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9 mo.

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Albert Walter Klatt
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Montrose, Minn. (City or town) (State or foreign country)
14. Exact Occupation Displayman
15. Industry or Business Clothing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Ethel Hite
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Leadville, Colo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGEROL

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash. }
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that Dr. Castle (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Flora Ethel Klatt Signature
3858-42nd N.E. Seattle P.O. Address

Subscribed and sworn to before me this 2 day of May, 1942

(SEAL) Eith Hopkins Notary Public, residing at Seattle, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father ~~or mother of the child is living or accessible~~, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

612-212008-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347312
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boise (b) City
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county 8 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Van Wyck
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Van Wyck, Idaho

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Charlotte Mae Washburn

5. Date of Birth (Month, day, year) August 12, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Hiram Washburn
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Artie Mae Martin
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Lenior, North Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 4:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Artie Mae Washburn (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUN 1 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature Dona S. Martin M.D. AUNT (Dr., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Washington
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Artie Mae Washburn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charlotte Mae Washburn (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Noggle, M.D. (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Artie Mae Washburn Signature

RFD 1 Box 220A Orchards P. O. Address

Subscribed and sworn to before me on this 8 day of April, 1942

(SEAL) [signature] Notary Public, residing at Vancouver

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1976

JUN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-09-030-556

347329

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 347329
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years 5 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address North Fork

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Oscar J. Westgall

5. Date of Birth (Month, day year) Dec. 29-1912

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oscar Westgall

11. Color or Race white **12.** Age at time of THIS birth 45 yrs.

13. Birthplace Clinton (City or town) Missouri (State or foreign country)

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Newby

17. Color or Race white **18.** Age at time of THIS birth 32 yrs.

19. Birthplace Lee Co. Rural Nevada (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 11 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 P. M. on the date and at the place stated above, and that personal particulars were furnished by Alice Westgall (First name) (Last name), who is related to this child as mother (Mother, etc)

26. (a) MAY 28 1942 (Date received) (b) (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alice Westgall, being first duly sworn, say that I am mother (Related to (or) acquainted with) Oscar J. Westgall (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wright (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alice Westgall Signature

North Fork, Idaho. P. O. Address

Subscribed and sworn to before me on this 25rd day of May 1942

(SEAL) Lena Neidt Notary Public, residing at Gibbonville

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

697-103-029-487

347352

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City JULIAETTA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
[redacted] IDAHO (b) County LATAH
JULIAETTA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** LESTER JACKSON FIX

5. Date of Birth of Child (Month, day, year) DEC. 3rd 1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** IRA WILBUR FIX
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace JULIAETTA (City or town) IDAHO (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LIZZIE PEARL DYGERT
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace Woodstock, ILL. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of LATAH }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for always years, and that SARAH WEATHERBY (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Ira Wilbur Fix Signature

JULIAETTA, IDAHO P. O. Address

Subscribed and sworn to before me this 1st day of JUNE, 1942

(SEAL) [signature] Notary Public, residing at KENDRICK

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217-111-036-813

347396

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347396
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City American Falls,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Am. Falls, Ida

4. FULL NAME OF CHILD Frederick Hall Bacherd

5. Date of Birth of Child (Month, day, year) Nov. 11, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Allen Bacherd
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace White Heath, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Virginia Hall
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Wrights Corners, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Frederick Allen Bacherd (First name) (Last name) who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Genevieve North RN. M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-131-036-255

34745

347415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Preston
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Francis Kendrick Mecham

5. **DATE OF BIRTH** (Month, day, year) May 31 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Mecham

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace Riverdale Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Sheep man

15. Industry Business Sheep business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Kendrick

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace England
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Florence Mecham (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 4 1942 (Date received) (b) Mary F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Nancy E Beckstead M.D. (D.O., Midwife, etc.)
and address Preston Idaho Date .....

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

MAY 10 1963

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

292-124-007-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347571

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fred Biswell			2. Date Of Birth (month) March (day) 24, (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Hill City
FATHER	6. Full Name of Father: Henry Norval Biswell			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Lissie Grindstaff			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred Biswell		11. Present Address of Registrant: Arock, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on January 8 1976	12. Signature of Notary: Florence Curtright		13. Notary Commission expires 4-20 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Report	By whom issued and signed: Elmore County, Dean Sangrey	Date Issued: Dec.10,1975	Date Orig. Entry: Census taken Sept. 1918	
	Date of Birth: Age 6	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: H. N Biswell	
SUPPORTING RECORD 2.	Type of Document: Social Security Application	By whom issued and signed: U.S. Government Soc. Sec. Administration	Date Issued: Feb20,1976	Date Orig. Entry: May 23, 1938	
	Date of Birth: Mar.24,1912	Birth Place: Hill City, Idaho	Full Name of Mother: Lissie Grindstaff	Name of Father: Henry F. Biswell	
SUPPORTING RECORD 3.	Type of Document: Lodge Record & Membership	By whom issued and signed: Order of Eagles	Date Issued: ----	Date Orig. Entry: Entered July 1,1931	
	Date of Birth: Age 19	Birth Place: -----	Full Name of Mother: ----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Florence Curtright	Nov. 18,1976

FORM BH 56067

Correction of # 347571

653-124-067-799

347571

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blane (b) City Hill City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ___ days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blane
(c) City Hill City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Hill City, Idaho

3. RESIDENCE of FATHER (city, state) Hill City, Idaho

4. FULL NAME OF CHILD Fred Bis Well

5. Date of Birth (Month, day, year) March 24, 1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Henry Norval Bis Well	16. FULL MAIDEN NAME Lissie Grindstaff
11. Color or Race white 12. Age at time of THIS birth 38 yrs.	17. Color or Race white 18. Age at time of THIS birth 36 yrs.
13. Birthplace Clynton, Illinoise (City or town) (State or foreign country)	19. Birthplace Barren, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation House Wife
15. Industry or Business Industry	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ at ___ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

26. (a) JUN 6 1942 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ___ by ___ (Registrar's signature)

25. Attendant's OWN signature ___ M.D. (D.O., Midwife, etc.) and address ___ Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lissie Grindstaff Biswell, being first duly sworn, say that I am related (Related to (or) acquainted with) Fred Bis Well (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Williams (Name of attendant at birth), who attended said birth Is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lissie Grindstaff Biswell
Signature
504 - Ivy St. Nampa Ida
P.O. Address

Subscribed and sworn to before me on this 5th day of August, 1941

(SEAL) M. Russell Notary Public, residing at Nampa, Idaho

My commission expires Feb. 28, 19

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 [illegible]

NOV 18 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-21 3-011-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347584
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundry
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry

4. FULL NAME OF CHILD Bernice Genevieve Newton

5. Date of Birth of Child (Month, day, year) October 13, 1912

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? ayw

FATHER OF CHILD

10. FULL NAME Harvey Gilbert Newton
11. Color or Race W White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Glendive, Montana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie E. Robison
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Kirkland, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for all her life years, and that Dr. Frye (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie E. Robison Newton Signature

My commission expires Jan 5, 1946 1547 West 75 Street P. O. Address

Subscribed and sworn to before me this 31st day of May, 1942

(SEAL) Leona M. Reddon Notary Public, residing at 434 W. 64 St. Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mabel Telfer, Registrar.

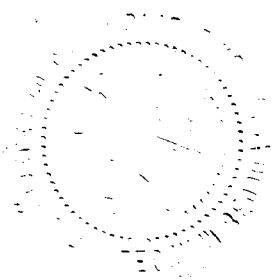
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



866-116-022-653

347597

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347597
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Id

4. FULL NAME OF CHILD Silas Russ Hoffman

5. Date of Birth of Child (Month, day, year) Dec. 16, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Hoffman

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Sweden (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary L. Wetherbee

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Bear Lake, Utah (City or town) (State or foreign country)

20. Exact Occupation home wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for nearly 40 years, and that Dr. W. E. Hummell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Hoffman Signature

P. O. Address

Subscribed and sworn to before me this 3d day of June, 1942

(SEAL) Hiram C. Fuller Notary Public, residing at Ashton, Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 4 1942 by Mabel F. Tyler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-120-013-239

347640

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Soldier (b) City Camas
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Soldier Camas
   (c) City Soldier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Kenneth Peter Riley

5. Date of Birth of Child (Month, day, year) Sept. 20. 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Riley
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Augusta Stray
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Redwood Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana } ss.
County of Roosevelt }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for 29 years, and that no Doctor or Midwife (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Augusta Riley Signature
Fairview, Montana P. O. Address

Subscribed and sworn to before me this 4th day of June, 1942

(SEAL) Geo. W. Gray Notary Public, residing at Co. Clerk & Recorder Roosevelt Co. Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Registrar.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-709-619-291

347838

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County CUSTER (b) City MACKAY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home X days. IN **THIS** county 33 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County CUSTER
(c) City MACKAY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address MACKAY, IDAHO

3. RESIDENCE of FATHER (city, state) MACKAY, IDAHO

4. FULL NAME OF CHILD JAMES ORVILLE PENCE

5. Date of Birth (Month, day year) MARCH 9, 1942

6. Sex MALE **7.** Twin or Triplet Neither If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9mo. **9.** Legitimate? YES.

FATHER OF CHILD

10. FULL NAME JAMES ROBERT PENCE
11. Color or Race WHITE **12.** Age at time of THIS birth 28 yrs.
13. Birthplace LAMAX (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CATHERINE ANN BRADSHAW
17. Color or Race WHITE **18.** Age at time of THIS birth 40 yrs.
19. Birthplace GALETON (City or town) MONTANA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 9 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho } ss.
County of Custer }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, JAMES ROBERT PENCE, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) JAMES ORVILLE PENCE (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that CHARLES BAKER (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

James Robert Pence Signature
Mackay Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of JUNE, 1942

(SEAL) [signature] Notary Public, residing at Mackay, Idaho

My Commission Expires Aug. 1, 1945

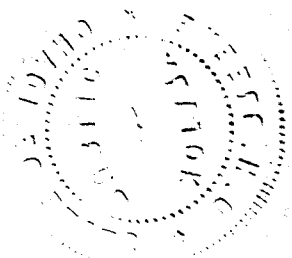
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, ~~Title 38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JUN 16 1942

347918

347918

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340
Local Reg. No.
Reg. Dist. No. 6

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No. Gen Del.
   (d) Name of Hospital of Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home 12 Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No. R 2
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.
   (f) Mother's mailing address (For registration notice):
   R 2 Box Boise Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Kenneth Emmett Cook

5. **DATE OF BIRTH** (Month, day, year) 11/27/1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Myron Cook

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Lincoln (City or Town) Kansas (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Fidelia Cook

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Lincoln (City or Town) Kansas (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn Non

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Helen Fidelia Cook (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 3-17-42 (Date received) (b) J. H. Reynolds (Registrar's signature)

27. Given name added on (Registrar's signature)

25. Attendant's **OWN signature** J. H. Reynolds M.D. (D.O., Midwife, etc.)
and address Emmett Ida Date 3-17-42

NOV 9 1976

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

JUN 19 1942

.....

DELAYED

165-126-008-544 347944

United States JUN 17 1942 (Be sure the information is as of date of birth of THIS child) State File No. 347944
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Wayne Leslie Jones

5. Date of Birth of Child (Month, day, year) June 26, 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Howard Anderson Jones
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Hartville (City or town) Missouri (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Maybell Emmerson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Lebenon (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that Dr. Bird (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida M. Jones-Hartman Signature
P. O. Address

Subscribed and sworn to before me this 17th day of June, 1942
(SEAL) C H Hager Notary Public, residing at Emmett, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

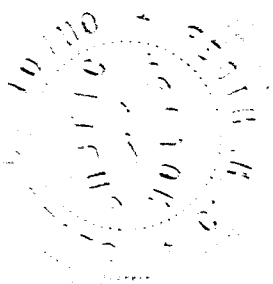
AUG 23 1954

JUN 17

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



419-226028 269

348075

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

X 1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

X 2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Idaho

X 4. **FULL NAME OF CHILD** Elinor Louise March

5. Date of Birth of Child (Month, day, year) Dec. 26, 1912

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Earl Leslie March
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace St. Charles, Ill., U.S.A. (City or town) (State or foreign country)
14. Exact Occupation ~~Railway-Postal-Clor~~ Timekeeper
15. Industry or Business Blackwell Lumber Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Imogene Bozarth
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Woodland, Wash., U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Alaska
County of 3rd Jud. Division } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 29 years, and that Dr. (First name) Dwyer (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude I. March Signature
P. O. Box 770, Seward, Alaska P. O. Address

Subscribed and sworn to before me this 8th day of April, 1942
(SEAL) A. H. Bryant Notary Public, residing at Seward
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mabel F. Elder, Registrar.

NOV 4 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-121-043-239

348097

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City McCall
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arthur William Newman

5. Date of Birth of Child (Month, day, year) April 21-1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Newman
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Unknown (City or town) Iowa (State or foreign country)
14. Exact Occupation Forest Service
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Stredder
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace American Falls (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 12-30 A.M. on the date and at the place stated above, and that personal particulars were furnished by William (First name) Newman (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature ~~William Newman~~ M.D. Midwife Address French Creek Idaho Date 6-10-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 30 years, and that ~~William Newman~~ (First name) Mrs Hardin (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Newman Signature

P. O. Address

Subscribed and sworn to before me this 9 day of June, 1942

(SEAL) Edna E. Hinkley Notary Public, residing at French Creek Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

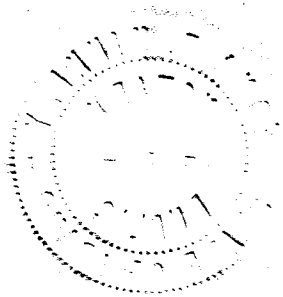
JUN 18 1942

SEP 18 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



354-216-009-842

348106

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Blanchard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Blanchard
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 12 yrs.

3. RESIDENCE OF FATHER (city, state) Blanchard Ida.

4. FULL NAME OF CHILD Alida Louise LeDeau

5. Date of Birth of Child (Month, day, year) 2-16-1912

6. Sex Female

7. Twin or Triplet —born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Joseph LeDeau
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Missoula (City or town) Montana (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Hubbard
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Walla Walla (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: [redacted] of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4.30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lottie Thorne (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of [illegible] } ss.
County of [illegible] }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 30 years, and that Senora Hubbard (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lottie Thorne Signature

P. O. Address

Subscribed and sworn to before me this 11 day of June, 1942

(SEAL) A. A. Ferguson Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the registrar for record in the Bureau of Vital Statistics for all purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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348141

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county five years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? five yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison, Ida.

4. **FULL NAME OF CHILD** August Calabretta

5. Date of Birth of Child (Month, day, year) Sept. 8, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Luigi Calabretta
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Amaroni, Calabria, Italy (City or town) (State or foreign country)
14. Exact Occupation grader
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Antonia Capozzi
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Sante Croce Del Sanio, Italy (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Maria (First name) Calabretta (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature × Domenica Dini, M.D. Midwife Address Harrison Idaho Date Sept 8-1912

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mabel Weeks, Registrar.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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348199

348199

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Beatrice Emelia Ricks

5. Date of Birth of Child (Month, day, year) Nov. 23, 1912

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Willard Nelson Ricks
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Rexburg, Madison County, Idaho (City or town) (State or foreign country)
14. Exact Occupation Shopman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Catherine Sorensen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Newton, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 29 years, and that Dr. Warren B. West (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna C Ricks. Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942

(SEAL) ____ Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

933-112-029 364

348236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lenord John Illi

5. Date of Birth of Child (Month, day, year) Feb 12 1912

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Illi
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Tompson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Sidephart Minn (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all his life ~~years~~, and that Fred (First name) Illi (Last name), who attended this birth unscapable (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Illi Signature
Troy Ida P. O. Address

Subscribed and sworn to before me this 12 day of June, 1942
(SEAL) F. Broche Notary Public, residing at Troy Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-214028-219

348307

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [redacted]
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Coeur d'Alene General Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years / months / days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Dorothy Maud Arick

5. Date of Birth of Child (Month, day, year) October 14, 1912

6. Sex girl

7. ~~Twin or~~ ~~Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Edward Arick
11. Color or Race white **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Stavanger (City or town) Norway (State or foreign country)
14. Exact Occupation tailor
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Jeannette Claire Barnhart
17. Color or Race white **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Waupaca (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for since birth years, and that Mr. Thurzer (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jeannette Harrington Signature
2420 Santa Fe Ave, Long Beach Cal P.O. Address

My Commission Expires December 31, 1945

Subscribed and sworn to before me this 12th day of JUNE, 1942.

(SEAL) Hazel Peck Notary Public, residing at LONG BEACH, CALIF.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

744 714 016 · 294

348412

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 348412
Local Reg. No. 125
Reg. Dist. No. 470

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Cottage Hosp
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county 16 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Ida (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No. 318 E 1st North
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.
   (f) Mother's mailing address (For registration notice):
   318 E 1st North (Street or R.F.D.) Burley (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) London England

4. **FULL NAME OF CHILD** Joel Dick Gudmundsen

5. **DATE OF BIRTH** (Month, day, year) 4-14-42

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dick D Gudmundsen

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Burley (City or Town) Idaho (State or foreign country)

14. Exact Occupation Officer R.C.M.P.

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Bideganeta

17. Color or Race Basque

18. Age at time of THIS birth 25 yrs.

19. Birthplace Boise (City or Town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Ars Silvol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 10:35 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Gudmundsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** H. L. & E. Dean M.D. (D.O., Midwife, etc.)
and address Burley, Ida Date 6-15-42

26. (a) 6-17-42 (Date received) (b) Laura D Sprecher (Registrar's signature)

27. Given name added on 6/17/42 by Laura D Sprecher (Registrar's signature)

JUN 2 3 1942

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MAY 2 8 1969

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery

(d) Did baby have any:

(1) Congenital Malformation? No

Describe:

(2) Birth Injury? No

Describe:

(3) Was mother given a Wasserman before delivery?

Yes Yes No Pos Neg

(e) Signature of Physician:

Hugh E Dean

DELAYED

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348418

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 348418
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County VALLEY (b) City NORWOOD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County VALLEY
(c) City NORWOOD
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ROSCOE RALPH MEADOR

5. Date of Birth of Child (Month, day, year) Oct. 26th 1912

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME MANFRED EDWIN MEADOR
11. Color or Race WHITE **12.** Age at time of THIS birth 36 yrs.
13. Birthplace MISSOURI (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business FARMER

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGET BLANCHE WILLIAMS
17. Color or Race WHITE **18.** Age at time of THIS birth 25 yrs.
19. Birthplace MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Valley }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 30 years, and that Manfred (First name) Meador (Last name) who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on this certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Meador Signature
Gannelly Idaho P. O. Address

Subscribed and sworn to before me this 17 day of June, 1942

(SEAL) [illegible] Notary Public, residing at Gannelly

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 22 1948

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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643121 JUN 25 1942 OD5-365

348438 348438

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewa (b) City St. Maries
(c) Street Address or R.F.D. No. city - 827 21st.
(d) Name of Hospital or Maternity Home: Home of Wm A. Fuller
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 0 months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewa
(c) City St. Maries
(d) Street Address or R.F.D. No. city 827 21st.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) St. Maries, Idaho

4. FULL NAME OF CHILD William Harry Fuller

5. Date of Birth of Child (Month, day, year) 10-21-1912

6. Sex Male

7. Twin or Triplet none If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Andrew Fuller

11. Color or Race White **12.** Age at time of THIS birth 23 yrs.

13. Birthplace Waterville (City or town), Minnesota (State or foreign country)

14. Exact Occupation Window trimmer & Clerk

15. Industry or Business Mitchells Mercantile at St. Maries

MOTHER OF CHILD

16. FULL MAIDEN NAME Mable Lovejoy

17. Color or Race White **18.** Age at time of THIS birth 16 yrs.

19. Birthplace ? (City or town) North Carolina (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:15 P M. on the date and at the place stated above, and that personal particulars were furnished by Orvilla E. (First name) Bray (Last name), who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature Orvilla E Bray M.D. ~~Midwife~~ trained nurse Address 1817-E 11th Spokane, Wash. Date 6/20/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942 by Mary F Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

MAY 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 712 035 433

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348597
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay BEFORE delivery: IN THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 mo. yrs.

3. RESIDENCE OF FATHER (city, state) 6 mo.

4. FULL NAME OF CHILD Hollis Lee Morgan

5. Date of Birth of Child (Month, day, year) Jan 12, 1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME David Morgan
11. Color or Race WHITE AMER. **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Mc Clellan
17. Color or Race WHITE AMER. **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Wash. } ss.
County of King. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 30 years, and that [illegible] (First name) (Last name), who attended this birth my self (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 138, 1937 Session Laws.

David Morgan Signature
R F D 1 Alderwood Wash. P. O. Address

Subscribed and sworn to before me this 30 day of May, 19 42

(SEAL) M B Crane Notary Public, residing at Seattle Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by [illegible], Registrar.

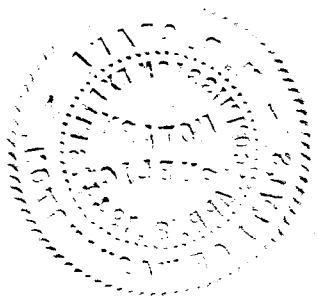
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



944 113 028 619

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Medimont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: confined in private home
(e) Mother's stay BEFORE delivery: IN THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Medimont
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Medimont Idah

4. FULL NAME OF CHILD Harvey Elvadore Rummel

5. Date of Birth of Child (Month, day, year) Jan. 13 - 1942

6. Sex boy **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 7 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Thomas Rummel
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Union Town (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie May Harrin
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Brainerd Minn. Crowing Co (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Mrs Thos Rummel M. (X Born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. X Midwife Address Date

State of Mont. } ss.
County of Flathead }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that Mrs Matt (First name) Harris (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Thomas Rummel Signature
Flans, Mont. P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942

(SEAL) Wesley W. Scott Notary Public, residing at Flans, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Com. expires 7/6/45

Received for filing on JUN 18 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-204 039-555

348628

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348628
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County POWER (b) City AM. FALLS
   (c) Street Address or R.F.D. No. Rte. 1
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County POWER
   (c) City AMERICAN FALLS
   (d) Street Address or R.F.D. No. Rte. 1
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** BERTHA FRIESEN

5. Date of Birth of Child (Month, day, year) AUG. 4-1912

6. Sex F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ABRAHAM A. FRIESEN
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace RUSSIA (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARIE ENNS
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace RUSSIA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive A.M. (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ANNA (First name) BOLDT (Last name), who is related to this child as Neighbor (Mother, etc.)

25. Attendant's **OWN** signature (DR. NOTE) Anna Boldt M.D. Midwife Address WINTON, CALIF. Date JUNE 5-1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Merced }

I, the undersigned, being first duly sworn, say that I am the Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 29 years, and that DR. NOTE (First name) (Last name), who attended this birth Is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Boldt Signature
Winton, Calif. P. O. Address

Subscribed and sworn to before me this 5 day of June, 1942

(SEAL) W. H. Osborn Notary Public, residing at Atwater, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by [illegible] Registrar.

MAY 13 1969

JUL 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659 113-006-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

349604

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Shelton Ririe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Ririe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Shelton Idaho

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Frank Mirlen Ferguson

5. Date of Birth (Month, day, year) Oct 13 1912

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Henry Ferguson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Birmaghom (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Forshung
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was alive (born alive, stillborn) at 11:40 A.M. on the date and at the place stated above, and that personal particulars were furnished by Norma F. Swensen (First name) (Last name), who is related to this child as sister (Mother, etc.)

26. (a) JUN 18 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Cache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Norma Swensen, being first duly sworn, say that I am related (sister) (Related to (or) acquainted with) Frank Mirlen Ferguson (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Howard (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

+ Norma Swensen Signature

P. O. Address

Subscribed and sworn to before me on this 21st day of February, 19 42

(SEAL) Comm Ex. Apr. 15 1944 Notary Public, residing at Logan Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-212-025-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349690
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 32 years X months X days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. X
(e) How long has MOTHER lived in Idaho? Deceased yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Dorothy M. Chamberlin

5. Date of Birth of Child (Month, day, year) Oct. 12, 1918

6. Sex Female

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Pickett Owen Chamberlin
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Grangeville (City or town) Idaho (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business XX

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Ruth Roby
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Grangeville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10 1/2 M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Alex Russell (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Wm. E. D. Wyatt M.D. XXXX Midwife Address Whitebird Idaho Date May 22-42

State of Washington
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by , Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655 129 022-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349692
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Sunnydell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Erastus Weekes

5. Date of Birth of Child (Month, day, year) Feb 19 1912

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Albert Joshua Weekes
11. Color or Race
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Melinda Wilcox
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Cook in Cafe
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Melinda Weekes Signature
St Anthony Idaho P. O. Address

Subscribed and sworn to before me this 16 day of June, 1942.

(SEAL) M. I. Adams Notary Public, residing at St Anthony Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by Mabel Hodgson, Registrar.

SEP 1 3 2012

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-230-025-513

349694

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia Idaho

4. FULL NAME OF CHILD Elsie Emily Ranta

5. Date of Birth of Child (Month, day, year) May 30, 1918

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Felix G. Ranta
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Lapua (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Vallimaki
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Perasainajoki (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 30 years, and that Mrs Henry Harri (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Felix G Ranta Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 19 day of June, 19 42

(SEAL) E F Cleveland Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243 225 029996

349842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clarabel Buckallew

5. Date of Birth of Child (Month, day, year) Aug. 25, 1912

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dennis E. Buckallew
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Jasonville, Indiana (City or town) (State or foreign country)
14. Exact Occupation Store clerk
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Irwin
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Palouse, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that Dr. Stoneburner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Buckallew Signature
203 S. Monroe St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942

(SEAL) D. Peterson Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by [signature], Registrar.

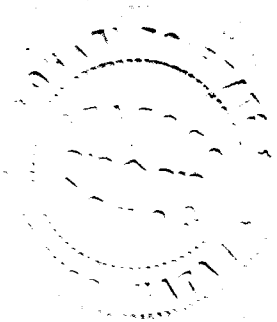
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **349843**
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. 1st E & 2d So.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No. 1st E &2d So.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Idaho

4. FULL NAME OF CHILD Herbert Einer Carlson

5. Date of Birth of Child (Month, day, year) Apr. 2, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick William Einer Carlson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Ericson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Einer Carlson (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Ventura }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that ALLEN CUTLER SR. (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F.W. Einer Carlson Signature

Rt 2 Box 39B. Ojai P. O. Address

Subscribed and sworn to before me this 11th day of June, 1942

(SEAL) William J. Burke Notary Public, residing at Ojai, Ventura Co. Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission Expires 3-11 1945

Received for filing on JUN 22 1942 by Mary H. Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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JUN 19 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 349874

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d Alene Idaho
No. Squaw Bay St.
(If born in hospital or institution give name.) Home

2. FULL NAME OF CHILD Harry James Wood.

3. Sex: male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth One

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth March 14 1912 (Month, Day, Year)

FATHER

9. Full name: Oscar Headington Wood.

10. Residence (usual place of abode) (If non-resident, give place and State): Coeur d Alene Ida

11. Color or race: White | 12. Age at last birthday: 23 (years)

13. Birthplace (city or place) (State or Country): Kansas City Missouri Douglas County

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Saw Mill

16. Date (month and year) last engaged in this work: September 4 1911

17. Total time (years) spent in this work: 2 Years

MOTHER

18. Full maiden name: Emma Matilda Jennings

19. Residence (usual place of abode) (If non-resident, give place and State): Coeur d Alene Ida

20. Color or race: White | 21. Age at last birthday: 16 (years)

22. Birthplace (city or place) (State or Country): Pueblo Colo Colorado.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work: all time

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. One (b) Born alive but now dead no (c) Stillborn no

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 12.05 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report March 14 - 1912 (Date of)

M.D. Dr Holden.

Registrar.

(Signed) Dr Holden is Dead now., M. D.

or I am the mother, Midwife

Address Mrs Emma Matilda Gautier

Filed not filed, yet in Coeur d Alene Ida

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

666-114 028 155

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Thurston } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Emma Matilda Gautier being first duly sworn says that

is the mother of Harry James Wood.
(Relationship of child)*

born March 14- 1912 at Coeur d Alene at squaw Bay Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs Emma M Gautier desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harry James Wood.

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said Dr Holden Coeur d alene Ida and that the said medical attendant is is Dead.
(Now deceased (or) cannot be located)

Name of Affiant Mrs Emma M. Gautier

P. O. Address Rout 7. Box 576. Olympia. Wash,

Subscribed and sworn to before me this 16 day of June, 1942

Phyllis Corcoran
Notary Public.

~~Residing at~~ Deputy Auditor Thurston Co., Wash. ~~, Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 19 1942

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349941
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Gilmore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gilmore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Gilmore, Ida.

4. FULL NAME OF CHILD Louis Whiteman Bell

5. Date of Birth of Child (Month, day, year) Aug. 23, 1912

6. Sex Boy
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Bell.
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ahoghill, Ireland (City or town) (State or foreign country)
14. Exact Occupation Mechanic, blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Cecelia Elg
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Sogen (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ida Cecelia (First name) Elg (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ny Pence } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that Dr. Whiteman (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Cecelia Bell Signature
R2. Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of June, 1942
(SEAL) E. D. Potter Notary Public, residing at Lewiston Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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349942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Dubois
(c) Street Address or R.F.D. No. Dubois, Idaho
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Dubois
(d) Street Address or R.F.D. No. Dubois, Idaho
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Dubois, Idaho

4. FULL NAME OF CHILD NELLIE THELMA YEAMANS

5. Date of Birth of Child (Month, day, year) November 10, 1912

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Luther L. Yeamans
11. Color or Race white **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Huntsville (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Elisa Mearns
17. Color or Race white **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:00 p.M. on the date and at the place stated above, and that personal particulars were furnished by Julia Y. Toller (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 30 years, and that Mrs. Jane Wilson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Y. Toller Signature

646 21st Street, Ogden, Utah P. O. Address

Subscribed and sworn to before me this 22nd day of June, 19 42

(SEAL) Dean Gardon Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Exp. 11/11/45

Received for filing on JUN 23 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

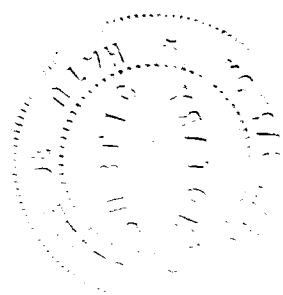
FEB 20 1974

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349986
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Boarding Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County
(c) City COEUR D'ALENE
(d) Street Address or R.F.D. No. R. 3 and 4
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vera Engate

5. Date of Birth of Child (Month, day, year) June 21-1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Chester Arthur Engate
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Chester Iowa (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business No particular trade

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Estella Wells
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Klamath }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 59 years of age, that I have known this person for 29 years, and that Dr. J. (First name) Lewis (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Estella Wells, Engate Signature

P. O. Address

Subscribed and sworn to before me this 20 day of June 1942

(SEAL)

Ida M. O'Leer
NOTARY PUBLIC FOR OREGON
Notary Public residing at Klamath Falls Or.
MY COMMISSION EXPIRES AUG. 20, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by , Registrar.

JUN 7 1960

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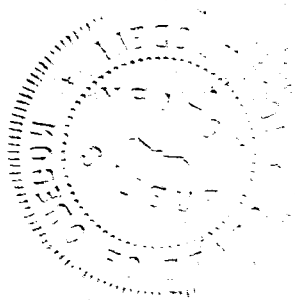
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350065
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hill City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at parents home, rural
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hill City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 - yrs.

3. RESIDENCE OF FATHER (city, state) Hill City, Idaho

4. FULL NAME OF CHILD CHARLIE WAYNE PLUMMER

5. Date of Birth of Child (Month, day, year) Sept 12, 1912

6. Sex Male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME HOWARD KEMPER PLUMMER
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Rugby, Virginia (City or town) (State or foreign country)
14. Exact Occupation Famer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Dulcie May Reedy
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Volney, Virginia (City or town) (State or foreign country)
20. Exact Occupation Homemaking
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54- years of age, that I have known this person for 29- years, and that Mrs. Jennie Boyer (MW) (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dulcie Plummer-Walls Signature
Iroquoise, S. Dakota P. O. Address

Subscribed and sworn to before me this 16th day of June, 19 42

(SEAL) ____ Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365 118 009295

350121

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350121
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? five yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thomas Henry Longworth

5. Date of Birth of Child (Month, day, year) Mar. 18, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roy Longworth
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Brewster
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child two. (b) Born alive and now living two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 49 years of age, that I have known this person for 29 years, and that Dr. (First name) Mc Kinnon (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Longworth Signature
Spanaway, Washington P. O. Address

Subscribed and sworn to before me this 24th day of June, 19 42.

(SEAL) Delbert W. Brosemer Notary Public, residing at Spanaway, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Maud E. Edgar, Registrar.

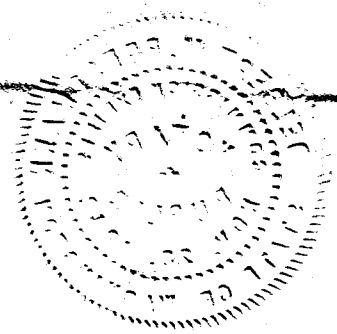
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



791 104028-343

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350176
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 7 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonners
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry, Ida.

4. FULL NAME OF CHILD Paul Angley Graff

5. Date of Birth of Child (Month, day, year) Jan. 4th 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Paul Fredrick Graff
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Troy (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Inez Lovina Cutler
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bangor (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bonners }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 30 years, and that Paul Fredrick Graff (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Inez L. Graff Signature
St. Maries, Ida. R. 1 P. O. Address

Subscribed and sworn to before me this 23 day of June, 1942.

(SEAL) Paul E. Kuhn Notary Public, residing at St. Maries, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mabel Kelsey, Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350227

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 11 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD DeOla Bolander

5. Date of Birth of Child (Month, day, year) June 29, 1912

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Wego Carl Bolander
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Aalborg, (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Chapman
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Idaho Falls, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for all her years, and that Phoebe Gummersall (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Bolander Signature
453 E. Olive Ave., Burbank, Calif. P. O. Address

Subscribed and sworn to before me this 8th day of June, 19 42

(SEAL) Helen Brady Notary Public, residing at Burbank, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-901, Idaho Code Annotated.)

Received for filing on JUN 1942 by Helen ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350229
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 631 - 4th - St
(d) Name of Hospital or Maternity Home: At abovenmubered home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 631-4th St
(e) How long has **MOTHER** lived in Idaho? five yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho.

4. FULL NAME OF CHILD CHRISTINA MARIA LUPORINI

5. Date of Birth of Child (Month, day, year) Nov. 2, 1912

6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Luporini
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Lucca (City or town) Italy (State or foreign country)
14. Exact Occupation Coal laboror
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alfonsa Crimena
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Lucca (City or town) Italy (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 since birth years, and that Dr (First name) Hall (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Luporini Signature
1760 - 10th - St., Oakland, California P.O. Address

Subscribed and sworn to before me this 27th day of June, 1942.
(SEAL) Harry T. Toomajian Notary Public, residing at Oakland, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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350230

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home: [redacted]
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. #
(e) How long has MOTHER lived in Idaho? Ho yrs.

3. RESIDENCE OF FATHER (city, state) Oakley Idaho

4. FULL NAME OF CHILD Jesse Milton Stevenson

5. Date of Birth of Child (Month, day, year) Oct 22, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mon.

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Jesse V. Stevenson

11. Color or Race White

12. Age at time of THIS birth 54 yrs.

13. Birthplace England (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Millard Ormis Stevenson

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Grantsville Utah (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for ____ years, and that A.F.O. Nielson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Millard Stevenson Signature

R.F.D. #1 Burley, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of June, 19 42

(SEAL) J. C. Gardner Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such~~ report ~~may~~ be received and ~~filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350562

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 528 N. Shillings A.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 528 N. Shillings
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Sadie Irene McNeil

5. Date of Birth of Child (Month, day, year) June 23, 1912

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William B. McNeil

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Logan, Utah (City or town) (State or foreign country)

14. Exact Occupation Clerk

15. Industry or Business Grocery

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Mae Rollings

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Miller, Nebraska (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9:45 A. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Ethel Mae McNeil (First name) (Last name), who is related to this child as Mother.

25. Attendant's OWN signature W. E. Price M.D. ~~Midwife~~ Address Blackfoot Date July 5, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 10 1970

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-16 028-573

350567

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison Ida.

4. FULL NAME OF CHILD Lewis Alfred Snider

5. Date of Birth of Child (Month, day, year) Apr. 16, 1912

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Fred Snider
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Ruth Eaton
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Weston Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Sacramento } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 30 years, and that Mrs. Harriet Eaton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Maude Snider, Dake. Signature
3318 X st., Sacramento, Calif. P. O. Address

Subscribed and sworn to before me this 3 day of July, 19 42

(SEAL) E. B. Davenport Notary Public, residing at Sacramento, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by Mary E. Eaton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-107022-693

350594

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Saint Anthony
(c) Street Address or R.F.D. No. 36 E.5th So.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 42 years / months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Saint Anthony, Idaho
(d) Street Address or R.F.D. No. 36 E.5th So.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Ida.

4. FULL NAME OF CHILD Blaine Eldon Taylor

5. Date of Birth of Child (Month, day, year) Oct. 7, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME FRed O. Taylor
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Willard, Utah (City or town) (State or foreign country)
14. Exact Occupation Drayman
15. Industry or Business Dray Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Rosetta Wickel
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Heber City, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Doctor Malott M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Fremont } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that Doctor Karl Malott (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Rosetta Taylor Signature
Saint Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of July 1942

(SEAL) [illegible] Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by [illegible], Registrar.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

PUP OF 12-1-06 98

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350681

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH
(a) County Canas (b) City Fir Grove
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canas
(c) City Fir Grove
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address.....

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Verl Lyman Dixon

5. Date of Birth (Month, day year) Nov 9th 1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Henry Dixon
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Clifton (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Hurd
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Sarah E. Dixon (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 7 1942 (Date received) (b) (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN** signature Annie C. Thurber M.D. (D.O., Midwife, etc.)
and address Fairfield Ida Date

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am.....(Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this.....day of ....., 19.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962 102033-281

350683

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Thornton
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county ___ years ___ months ___ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Thornton
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ivan Alma Robison

5. Date of Birth of Child (Month, day, year) Feb. 2, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Moroni Robison

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Morgan (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora C. Sharp

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Smithfield (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (Born alive, stillborn) at ___ M. on the date ___ and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

25. Attendant's **OWN** signature ___ M.D. Midwife Address ___ Date ___

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 30 years, and that Joseph (First name) Walker (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora C. Robison Signature

Thornton, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of July, 19 42

(SEAL) John C. Porter Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-704, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by ___, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 18 1942

DEC 10 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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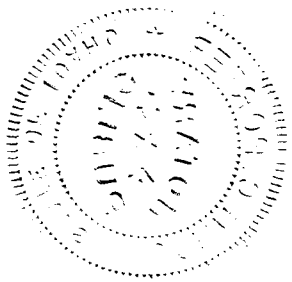

127-226-237-576

350769

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350769
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Del Mar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Del Mar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Del Mar. Ida.

4. FULL NAME OF CHILD Gloria Aspiazu

5. Date of Birth of Child (Month, day, year) Dec. 26, 1912

6. Sex female **7.** Twin or Triplet (If so—born 1st, 2nd, 3rd) **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Estaban Aspiazu
11. Color or Race white. Spanish **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Motrico (City or town) Spain (State or foreign country)
14. Exact Occupation miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Juliana Elordi
17. Color or Race white Spanish **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Eibar (City or town) Spain (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, Stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Juliana Aspiazu (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. M. Secretus M.D. Midwife Address Shoshone Ida. Date 6-30-42

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753-114-0914-962

350809

350809

United States Department of Commerce
Bureau of the Census

13 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350809
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No. City
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No. City
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Sidney Sylvester Peterson

5. Date of Birth of Child (Month, day, year) 3/14/1912

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Y

FATHER OF CHILD

10. **FULL NAME** Horace John Peterson
11. Color or Race W
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lyons (City or town) Kansas (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Rousseau
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Eldorado (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Dr Date

State of Idaho
County of Ada } ss.

AFFIDAVIT (to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 30 years, and that Mrs. Peterson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

H J Peterson Signature

1406 1st St. So., Nampa, Ida. P. O. Address

Subscribed and sworn to before me this 13th day of July, 1942

(SEAL) Marion E. Cox Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mary F Elder, Registrar.

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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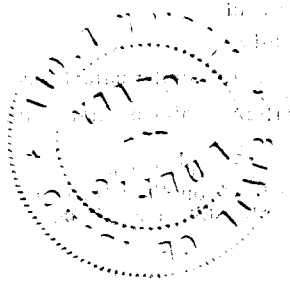

718-222-0 JUL 20 1942 14-119

350847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350847
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence of Middleton
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Middleton, Ida.

4. FULL NAME OF CHILD Helen Verda Payne

5. Date of Birth of Child (Month, day, year) Mar 22 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Leroy Payne
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Panora (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Lauris Jarvis
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Challis (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 30 years, and that Lura Payne (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Jarvis Payne Signature
Middleton Idaho P. O. Address

Subscribed and sworn to before me this 18 day of July, 1942

(SEAL) Chas G. Johansen Notary Public, residing at Middleton Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

JUN 6 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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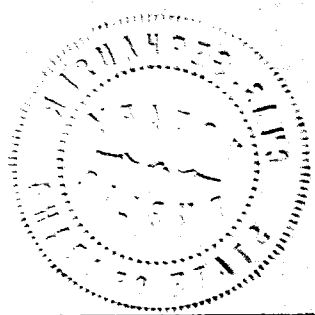
DECEASED



499-110-014455 350853 **350853**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of ~~this birth~~)
(a) State Idaho (b) County Canyon (Now Payette)
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vincent Patrick Driscoll

5. Date of Birth of Child (Month, day, year) 9 10 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James F. Driscoll
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Vail (City or town) Iowa (State or foreign country)
14. Exact Occupation Mason and Plasterer
15. Industry or Business " "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary G. Meechan
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Scranton, (City or town) Pensylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary M. Driscoll (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature W T Drysdale M.D. ~~Midwife~~ Address 1700 48th St Des Moines Iowa Date 7-19-42

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 30 years, and that Dr. Drysdale (First name) (Last name), who attended this birth Whereabouts unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary G. Driscoll Signature
New Plymouth, Idaho P.O. Address

Subscribed and sworn to before me this 11 day of July 19 42

(SEAL) S P Day Notary Public, residing at New Plymouth Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 21 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-022-021-386 1942

350870 350870

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Fairview
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Lucile Gilbert

5. Date of Birth of Child (Month, day, year) Dec 22, 1912

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elijah Gilbert
11. Color or Race white **12.** Age at time of THIS birth 57 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Lillian Thompson
17. Color or Race white **18.** Age at time of THIS birth 44 yrs.
19. Birthplace Richmond Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Alice Baker (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 46 years, and that Dr Blank (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Baker Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of July, 1942
(SEAL) ..... Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mary F Ledger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

8V3-223-028-249

350935

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 6 months
(f) Mother's mailing address Post Falls

3. **RESIDENCE of FATHER** (city, state) Post Falls

4. **FULL NAME OF CHILD** Ruth Lucille Hutcheson

5. Date of Birth (Month, day year) Nov.23.1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Edwin Hutcheson
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lexington Virginia U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Minister of Gospil.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Etta Buzbee
17. Color or Race white
18. Age at time of THIS birth 23 yrs
19. Birthplace Pilot Point Texas. U.S.A. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUL 13 1942 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl E.Hutcheson, being first duly sworn, say that I am related (Related to (or) acquainted with) Ruth Lucille Hutcheson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs J.W. Robinson (Name of attendant at birth), who attended said birth cannot be located. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Pearl E. Hutcheson Signature
1261 Wesley ave Pasadena Calif. P. O. Address

Subscribed and sworn to before me, on this 17th. day of July A.D. 1941

(SEAL) ____ Notary Public, residing at Pasadena

My Commission Expires May 8 1943

NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

381-12-208-864

350962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Vanwyck
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Vanwyck
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Vanwyck, Idaho

4. FULL NAME OF CHILD Harland Albert Chadwell

5. Date of Birth of Child (Month, day, year) Sept 26 1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Edward Chadwell
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Hourick
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Ohio (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Valley }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 29 years, and that Dr. Magle (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delilah Chadwell Conyers Signature
Stibnite Idaho P. O. Address

Subscribed and sworn to before me this 10th day of July, 1942

(SEAL) Walter D. Nelson Notary Public, residing at Stibnite, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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314-111-014-265

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351019
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Wilder
(c) Street Address or R.F.D. No. neither
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Wilder
(d) Street Address or R.F.D. No. neither
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Percy Conroy Campbell

5. Date of Birth of Child (Month, day, year) March 11, 1912

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Percy Wellington Campbell
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Shannette (City or town) Illinois (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Estella Sweitzer
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Hamburg (City or town) Arkansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Campbell (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature P. W. Campbell M.D. ~~Midwife~~ Address Crystal R.t. Hot Springs, Ark. Date July 9, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-122-527-814

351050

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 3 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Norris Paul Woodrow Quinn

5. Date of Birth of Child (Month, day, year) Dec. 22, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Patrick Quinn
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Kingsley (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inger Marie Haukedahl
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Audubon (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Mrs. John (First name) Newman (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Patrick Quinn
Signature
9512 San Luis Ave., South Gate, Calif. P. O. Address

Subscribed and sworn to before me this 10th day of July, 1942

(SEAL) M. R. Beckley Notary Public, residing at South Gate, Calif.
My Commission Expires Jan. 2nd 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-130 D29-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351151

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ralph Eugene Geer
2. Date of Birth (month) (day) (year): Dec. 30 1912
3. Color or Race: white
4. Sex: M
5. Place of Birth a. County: Idaho Latah
b. City or Town of Birth: Genesee

FATHER

6. Full Name of Father: Frank Geer
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Delpha Bemis
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ralph Eugene Geer
11. Present Address of Registrant: 1704 Carter Lane Springfield

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 20 1970
12. Signature of Notary: Roy McCracken
13. Notary Commission expires: Jan 28 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military Record	National Guard of U.S. & State of Oregon	discharged Jun.10,1932	enlisted Apr.27,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 18	Genesee, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage certificate #B25746	Clark County, Washington	May 8,1959	May 27,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 25	Idaho	Delpha Bemis	Frank Geer

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding hospital records	Sacred Heart General Hospital Medical Center, Eugene, Oregon	Jan.21,1970	May 10,1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.30,1912	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Jan. 27, 1970

FORM BH 56067

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351151
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD RALPH EUGENE GEER

5. Date of Birth of Child (Month, day, year) December 30, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Geer
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Prineville, (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Delpha Bemis
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Knappa, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 28 years, and that Mrs. (First name) Daley (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delpha Geer
Signature

B.&B. Rt., Cottage Grove, Oregon
P. O. Address

Subscribed and sworn to before me this 27th day of June, 19 42.

(SEAL)

NOTARY PUBLIC FOR OREGON
My Commission Expires October 23, 1945

Notary Public, residing at Cottage Grove, Oreg.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My. Com. Ex. 10-23-45

Received for filing on JUL 16 1942 by , Registrar.

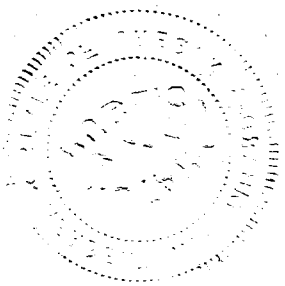
JUL 17 1942

JAN 27 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-22-042-714

351160

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls.
(c) Street Address or R.F.D. No. 5th Street N.
(d) Name of Hospital or Maternity Home: At parents home.
(e) Mother's stay BEFORE delivery: IN THIS county years / months / days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls.
(c) City Twin Falls.
(d) Street Address or R.F.D. No. 5th Street N.
(e) How long has MOTHER lived in Idaho? 14 mos. yrs.

3. RESIDENCE OF FATHER (city, state) 14 mos.

4. FULL NAME OF CHILD Pauline Mae Beck

5. Date of Birth of Child (Month, day, year) Feb 22, 1912

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME John McKinney Beck
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Mc Kinney Texas (City or town) (State or foreign country)
14. Exact Occupation Drayman.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Luisa Paul
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Joliet. Illinois. (City or town) (State or foreign country)
20. Exact Occupation Home wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

Both Doctor and Nurse now deceased.

State of California
County of Santa Clara } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 30 years, and that the doctor and nurse (First name) (Last name), who attended this birth are both deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

By Margaret Luisa Beck — Margaret Luisa Beck ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 13 day of July, 1942

(SEAL) Catherine A. Pearce ..... Notary Public, residing at San Jose, Santa Clara County, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.

Received for filing on JUL 14 1942 by M. J. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-117-022-155

351194

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freeman (b) City Perry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freeman
(c) City Perry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD James Afton Madsen

5. Date of Birth of Child (Month, day, year) Sept-17-1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Madsen
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kristine Jensen
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Utah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years, and that Mrs. Fillmore (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kristina Madsen Signature
SPRINGVILLE, Utah P. O. Address

Subscribed and sworn to before me this 6th day of July, 1942

(SEAL) [signature] Notary Public, residing at Springville Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352326
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Gilbert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Gilbert
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gilbert, Idaho.

4. **FULL NAME OF CHILD** Arlie Ray Longeteig

5. Date of Birth of Child (Month, day, year) June 11, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew C. Longeteig
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace near--Bergen, Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Bendine Rekdahl
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Genesee, Idaho. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Anna Longeteig (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature May King M.D. Midwife Address Lewiston, Idaho Date 7/15/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352351
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATCH (b) City VIOLA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATCH
(c) City VIOLA
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** VESTA EVELYN PRUETT
5. Date of Birth of Child (Month, day, year) Oct 25 1912
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JAMES SAMUEL PRUETT
11. Color or Race WHITE
12. Age at time of THIS birth 56 yrs.
13. Birthplace GREEN CASTLE INDIANA (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNABELLE BENCH
17. Color or Race WHITE
18. Age at time of THIS birth 36 yrs.
19. Birthplace PULASKA Co. MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10 % Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Anna B. Pruett (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature J.W. Thompson M.D. ~~Midwife~~ Address Moscow Idaho Date July 15th 1942

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1942 by Mabel F. Elifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-21903I-367

352360

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah, Ida.

4. FULL NAME OF CHILD Mildred Angeline Smith

5. Date of Birth of Child (Month, day, year) March 19, 1912.

6. Sex Female **7.** Twin or Triplet No **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Atwater Smith
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Salt Lake (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Delaware Loper
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Benton County (City or town), Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 30 years, and that Unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C Mackham Signature
Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 15th day of July, 1942

(SEAL) A M Higgins Notary Public, residing at Spokane Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUL 17 1942 by Mary Hall, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352367
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blain (b) City Beinel
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bernice
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD allen william Bierck

5. Date of Birth of Child (Month, day, year) May 6, 1942

6. Sex Boy **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Philip Bierck
11. Color or Race white **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Vermont U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Simons
17. Color or Race white **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington, County of Cowlitz } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that [redacted] (First name) MRS CLARENCE [redacted] (Last name), who attended this birth CAN NOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Clara Simons Bierck (Signature)
P. O. Address

Subscribed and sworn to before me this 7th day of July, 1942.
(SEAL) [redacted] Notary Public, residing at LONGVIEW, WASH.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 8 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336-229-028-344

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352458
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 11 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 23½ ~~yrs.~~ mo
3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Ida

4. FULL NAME OF CHILD Leah Harriette Stockton

5. Date of Birth of Child (Month, day, year) Oct. 29, 1912

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ray Eugene Stockton
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pierre (City or town) S. Dakota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Rosina Lemmon
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Versailles (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8.30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Clara Rosina Stockton (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that Dr Dwyer (First name) (Last name), who attended this birth dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Rosina Stockton Signature

P. O. Address

Subscribed and sworn to before me this 18th day of July, 19 42

(SEAL) John W Boothe Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-216-003855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352535
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Arimo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2-½ years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Arimo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2-½ yrs.

3. RESIDENCE OF FATHER (city, state) Arimo, Idaho

4. FULL NAME OF CHILD Mary Henderson Nelson

5. Date of Birth of Child (Month, day, year) Jan. 16, 1912

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Joseph James Nelson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Huntsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Lumber, Hdw., Coal

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Williams Henderson
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1.% Agno
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5.30 p. M. on the date and at the place stated above, and that personal particulars were furnished by Rebecca H. Nelson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Grandview, Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1943
JUL 8 1956
JUN 15 1967
JUN 16 1967
MAY 22 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 1912-4422

455 - 130 007 249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352632
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine, now Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) American Falls Idaho

4. FULL NAME OF CHILD Arthur Johannes Deeg

5. Date of Birth of Child (Month, day, year) Dec. 30, 1912

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Deeg
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Dennovitch, (City or town) Russia, (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Paulina Burgemeister
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Cougelac, (City or town) Rumania (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife on farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that Dr. R. F. Noth (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pauline Deeg Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of July, 19 42

(SEAL) [signature] Notary Public, residing at American Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 23 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 26 1942

APR 5 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699 117 003-765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352653
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No. -0-
(d) Name of Hospital or Maternity Home: -0-
(e) Mother's stay **BEFORE** delivery: IN **THIS** county life years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No. -0-
(e) How long has **MOTHER** lived in Idaho? 1885 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Russell Pond Wright

5. Date of Birth of Child (Month, day, year) Sept. 17, 1912

6. Sex Male **7.** Twin or Triplet -0- If so—born 1st, 2nd, 3rd -0- **8.** No. months of Pregnancy 8 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Leslie Wright
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Lago (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business -0-

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Pond
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Thatcher (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -0-

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that Dr. John Hyrum Hubbard (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F. Cora Pond Wright Signature

Thatcher, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of July, 19 42

(SEAL) Angus Lasby. Notary Public, residing at Grace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mabel E. Edlefsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 7 1942

SEP 22 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141 104 C30 892

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352737
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City LEADORE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City LEADORE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? H & yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD HENRY EARL ADAMS

5. Date of Birth of Child (Month, day, year) Oct. 4. 1912

6. Sex MALE **7.** Twin or Triplet — If so—born X 1st, 2nd, 3rd.

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME HARRY ADAMS
11. Color or Race WHITE **12.** Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) PENN (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME NELLIE JANE HIBBS
17. Color or Race WHITE **18.** Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Bozeman (State or foreign country) MONTANA
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number of children of this mother:~~ (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of LEMHI }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the NELLIE JANE ADAMS (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 31 years, and that MRS. H. MOORE (First name) (Last name), who attended this birth IS NOW deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Mrs Nellie J. Adams Signature
General Delivery, Napa Cal P. O. Address

Subscribed and sworn to before me this 11th day of July, 1942.
(SEAL) Daniel K. York Notary Public, residing at Napa, Calif
(Note: Perjury is ~~punishable as a felony in Idaho; see Sec.~~ 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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9541 29-036 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352739
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Holbrook
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Deceased yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD LoVar George Redford

5. Date of Birth of Child (Month, day, year) Feb 29th 1912

6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Odell Redford
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Marie Johnson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Derwey White (City or town) Utah (State or foreign country)
20. Exact Occupation Bookkeeper & house-
21. Industry or Business Keeper.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 35 years, and that Doctor ? (First name) ? deceased (Last name) who attended this birth Mrs. Erana Midwife deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arlene Redford Kofoed Signature
535 E. 1 N. Logan Utah P. O. Address

Subscribed and sworn to before me this 21st day of July, 1942

(SEAL) Neva Cardon Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231 11 7028 219

JUL 27 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352767
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur de Alene
(c) Street Address or R.F.D. No. 702 Coeur de Alene Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur de Alene
(d) Street Address or R.F.D. No. 702 Coeur de Alene Ave.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur de Alene, Ida.

4. FULL NAME OF CHILD JOHN ROY BLACK

5. Date of Birth of Child (Month, day, year) Nov. 17, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ROY L. BLACK
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Topeka (City or town) Indiana (State or foreign country)
14. Exact Occupation Attorney At Law
15. Industry or Business Attorney At Law

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella Teresa Bartels
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Cinncinnati (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that John W. Dwyer M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roy L. Black Signature
Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of July, 1942

(SEAL) [signature] Notary Public, residing at Pocatello, Idaho.

Notary Public, Residence, Pocatello, Idaho
My commission expires Aug. 1, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 0 1942

SEP 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-22-3025-243

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352821
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville Ida

4. **FULL NAME OF CHILD** Lulu Irene Maurin

5. Date of Birth of Child (Month, day, year) Dec. 23 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Vinal Maurin
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Kinkaid Ill. (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Margaret Butler
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Oskaloosa (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Mar 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Eva Maurin (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 29 years, and that Mrs Walter Pape (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Maurin Signature

Grangeville Ida P. O. Address

Subscribed and sworn to before me this 14 day of July, 1942

(SEAL) Notary Public, residing at Grangeville Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Maud F. Eldridge Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+366 222035 819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352851
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZ PERCE (b) City LEWISTON
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: SAINT JOSEPH'S
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State LEWISTON IDAHO (b) County NEZ PERCE
(c) City LEWISTON
(d) Street Address or R.F.D. No. R-F. D.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD Viola Rachel LOWER

5. Date of Birth of Child (Month, day, year) AUGUST 22, 1912

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 7 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl William LOWER
11. Color or Race WHITE **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Chico (City or town) California (State or foreign country)
14. Exact Occupation LABOR
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Madaline Theresa HARTER
17. Color or Race WHITE **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Walla Walla (City or town) Wn. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of Washington } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 20 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Madeline Theresa Harter Lower Signature
503 Clark St Nelson Wn. P. O. Address

Subscribed and sworn to before me this 16 day of July, 1942
(SEAL) [illegible] Notary Public, residing at Nelson

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by Mary H Ledger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713118003-691

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352882
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello Ida
(c) Street Address or R.F.D. No. 1028 N. Harrison
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 1028 N. Harrison
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Verdell Pace

5. Date of Birth of Child (Month, day, year) April 18 - 1912

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Levi Pace
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Weir Harmony (City or town) Washington Co. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Estella Frandsen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Mount Pleasant San Pete Co (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by my knowledge (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Pearl Morgan M.D. Midwife Address Pocatello Ida Date June 18 - 42

State of Utah
County of Carbon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 30 years, and that Mrs. Pearl (First name) Morgan (Last name), who attended this birth has signed above (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Carrie Frandsen Pace Signature
44 West 2nd South, Price, Utah P. O. Address

Subscribed and sworn to before me this 22 day of July, 1942

(SEAL) B. H. Spring - County Clerk Notary Public, residing at Price, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1942 by Mary F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-223037 361

352943

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County OWYHEE (b) City HOMEDALE
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County OWYHEE
(c) City HOMEDALE
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) HOMEDALE, IDA.

4. FULL NAME OF CHILD LAURA LUCILLE BENHAM

5. Date of Birth of Child (Month, day, year) JUNE 23 1912

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM JAY BENHAM
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace PLOVER (City or town) WISCONSON (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GERTRUDE MAY COATS
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Mary F. Letcher M.D. Midwife Address Homedale, Ida Rt. 1 Date 7-30-42

State of..... }ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by Mary F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-208021-515

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352950

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FRANKLIN (b) City CLIFTON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FRANKLIN
   (c) City CLIFTON
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) CLIFTON, IDAHO.

4. **FULL NAME OF CHILD** IRU HENDERSON

5. Date of Birth of Child (Month, day, year) MARCH 8TH 1912

6. Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CLARENCE ORLANDO HENDERSON
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace CLIFTON (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ETHEL VAN LEUVEN
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace CLIFTON, (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 (SINCE BIRTH) years, and that SUSAN E. HENDERSON (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Henderson Signature

324 N. LAFAYETTE PARK PLACE, LOS ANGELES CALIF. P. O. Address

Subscribed and sworn to before me this 28TH day of JULY, 1942

(SEAL) L. M. Sheldon Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires October 22, 1945

Received for filing on JUL 31 1942 by [signature], Registrar.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-110-7210-317

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352951
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville Co (b) City Idaho Falls, Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Delivery
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lycurgus James Watkins Moore

5. Date of Birth of Child (Month, day, year) 10-10-12

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Howard Moore

11. Color or Race Wh

12. Age at time of THIS birth 22 yrs.

13. Birthplace Guernsey (City or town) Co. Ohio (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD CARLISLE

16. FULL MAIDEN NAME Mary Lorana Hoover

17. Color or Race Wh

18. Age at time of THIS birth 23 yrs.

19. Birthplace Guernsey Co. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Released M.D. Midwife Address Date

State of Ohio } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 30 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary R. Moore (Mother) Signature
910 - E. 12th Ave Columbus, Ohio Address

Subscribed and sworn to before me this 29 day of June, 19 42

(SEAL) Iva J. O'Hara Notary Public, residing at 47 E. 9th Ave.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

IVA J. O'HARA
NOTARY PUBLIC, FRANKLIN COUNTY, OHIO
MY COMMISSION EXPIRES JAN. 16, 1943

Received for filing on JUL 31 1942 by , Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 12-7059

DELAYED

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352955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ada Eldora Durrell

5. Date of Birth of Child (Month, day, year) June 23, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ivan Miner Durrell
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bashaw, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Luella McCormick
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Revillo, S. D. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% $AgNO_3$

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Frank E Brown M.D. ~~Midwife~~ Address 7-25-'42 Date Salem Oregon

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 30 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 19

MAR 1 2 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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353045

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City AmericanFalls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery IN **THIS** county years 22 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Amer.Fls, Ida.

4. FULL NAME OF CHILD Frances Edna Murray

5. Date of Birth of Child (Month, day, year) Dec.19,1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Francis Murray
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Greely, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business Druggist

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Zenger
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that Dr. Richard F. Noth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Murray Signature
443 E. 7th St., Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 29th day of July, 1942

(SEAL) Dana Pogegard Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353048
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Ledore
(c) Street Address or R.F.D. No. R.F.D
(d) Name of Hospital or Maternity Home: Home Delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Ledore
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Ledore, Ida.

4. FULL NAME OF CHILD Doris Idaho Carruthers

5. Date of Birth of Child (Month, day, year) April 28, 1912

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Francis Carruthers
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Cedarvale (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Gertrude Corn
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Raymond (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that Dr. Scroggs (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Francis Carruthers Signature
Leadon Idaho P. O. Address

Subscribed and sworn to before me this 27 day of July, 1942.
(SEAL) May V. Stone Notary Public, residing at Leadon Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 1 1942 by Nabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. 148 No. 5th
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 17 years 1 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. 148 No. 5th
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier

4. **FULL NAME OF CHILD** Mildred Cecilia Nichol Myers

5. Date of Birth of Child (Month, day, year) June 25, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Charles Nichol Myers
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Akron (City or town) Ohio (State or foreign country)
14. Exact Occupation Union Pacific Conductor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy May Horton
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child X (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Dr. DeOrr Poynter M.D. ~~Midwife~~ Address 4691 E. Talmage Dr San Diego Calif Date 7-30-42

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 30 years, and that DeOrr (First name) Poynter (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Horton Myers Signature

Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 21 day of July 1942

(SEAL) Leon Allard Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353273

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County POWER (b) City AMERICAN FALLS

(c) Street Address or R.F.D. No. POCATELLA AVE

(d) Name of Hospital or Maternity Home: BETHANY DEACONESS HOSPITAL

(e) Mother's stay BEFORE delivery: IN THIS county ONE years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County POWER

(c) City ROCKLAND

(d) Street Address or R.F.D. No. P. O. ROCKLAND

(e) How long has MOTHER lived in Idaho? ONE yrs.

3. RESIDENCE OF FATHER (city, state) ROCKLAND IDA

4. FULL NAME OF CHILD RUTH ELSIE WEISSER

5. Date of Birth of Child (Month, day, year) DEC 25 1912

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN WEISSER

11. Color or Race WHITE **12.** Age at time of THIS birth 26 yrs.

13. Birthplace AMERICAN FALLS IDAHO (City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business WHEAT

MOTHER OF CHILD

16. FULL MAIDEN NAME VIOLA RUTH KORTMANN

17. Color or Race WHITE **18.** Age at time of THIS birth 19 yrs.

19. Birthplace ST PAUL MINNESOTA (City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Minnesota } ss.
County of Ramsey }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Richard F. (First name) Noth (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Weisser Signature

1957 Hyacinth St Paul Minn Address

Subscribed and sworn to before me this 29 day of July WALTER E. OTTO, 19 42

(SEAL) Walter E. Otto Notary Public, Ramsey County, Minn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Oct. 27, 1943.

Received for filing on AUG 6 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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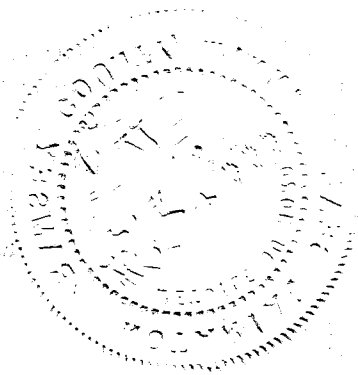
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter ~~191, 1911 Session Laws, has not been~~ recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353293
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 7 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Dorris Elisabeth Roller

5. Date of Birth of Child (Month, day, year) December 19, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Roller
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Peru (City or town), Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elisabeth Mayers
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Peru (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 30 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vera Roller Nelson Signature
1525-31st So. Seattle Wash. Address

Subscribed and sworn to before me this 5th day of Aug., 1942

(SEAL) Mary B. Cummings Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Shoshone (b) City Eagle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   IN **THIS** county years 6 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Eagle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.
   (f) Mother's mailing address Eagle, Idaho

3. **RESIDENCE of FATHER** (city, state) Eagle, Idaho

4. **FULL NAME OF CHILD** Helen Marie Clark

5. Date of Birth (Month, day, year) Dec. 1, 1912

6. Sex Femele

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Clark
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Marion (City or town) Alabama (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Tressie Thomas
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Little Rock (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 7 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Oregon
County of Baker } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Tressie Clark, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Marie Clark (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. Fischer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Tressie Clark Signature

Baker, Oregon P. O. Address

Subscribed and sworn to before me on this 6th day of August, 19 42

(SEAL) Irene Lowery Notary Public, residing at Baker, Ore.

MY COMMISSION EXPIRES AUGUST 24, 1945

AUG 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BOUNDARY (b) City BONNERS FERRY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home RESIDENCE
IN **THIS** county years 10 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BOUNDARY
(c) City BONNERS FERRY
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 10 ~~yrs.~~ mo
(f) Mother's mailing address BONNERS FERRY IDAHO

3. RESIDENCE of FATHER (city, state) " " "

4. FULL NAME OF CHILD WILLIAM JOSEPH MIRABELLI

5. Date of Birth (Month, day year) JAN 10, 1912

6. Sex MALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** MICHAEL MIRABELLI
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace ALTOMONTE (City or town) ITALY (State or foreign country)
14. Exact Occupation LUMBER MILL EMPLOYEE
15. Industry or Business LUMBER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ROSA GROSSO
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace ALTOMONTE (City or town) ITALY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 7 1942 (Date received) (b) Mabel F. Ellis (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Washington } ss.
County of Chelan }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rosa Mirabelli, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Joseph Mirabelli (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Wy (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Witnesses John A. Gellatly } Rosa her X mark Mirabelli Signature
Thomas H. Grosvenor P. O. Address

Subscribed and sworn to before me on this 15th day of August, 1942
(SEAL) John A. Gellatly Notary Public, residing at Wenatchee Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-706022-231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353384
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Hibbard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Nevada (b) County
(c) City Carlin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Loyz Blanchard Weeks

5. Date of Birth of Child (Month, day, year) Feb. 6, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate Yes.

FATHER OF CHILD

10. **FULL NAME** Leslie Harvey Weeks
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Los Angeles (City or town) California (State or foreign country)
14. Exact Occupation Laboror
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ann Blanchard
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 30 years, and that None Attended (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ann Blanchard Terry Signature

63 East So. Logan, Utah P. O. Address

Subscribed and sworn to before me this 28th day of July, 1942

(SEAL) DEPUTY Clerk of District Court, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-314, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by Mabel W. Lafferty, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412·123022·895

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353447
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 3 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Parker, Idaho

4. FULL NAME OF CHILD Silas Max Mason

5. Date of Birth of Child (Month, day, year) June 23, 1912

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Thomas Bulmer Mason
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda Adelaide Hinckley
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Colville (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Used

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of NEVADA, County of CLARK } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 30 years, and that Margaret (First name) Crapo (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Temperance Mason Davis Signature
511 So. 8th St., Las Vegas, Nevada P. O. Address

Subscribed and sworn to before me this 28th day of July, 1942

(SEAL) Marion B. Earl Notary Public, residing at Las Vegas Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942

JAN 13 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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353483

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353483
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FRANKLIN (b) City PRESTON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FRANKLIN
   (c) City PRESTON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) PRESTON-

4. **FULL NAME OF CHILD** VENDRA TAYLOR

5. Date of Birth of Child (Month, day, year) JUNE 17 1912

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? —

FATHER OF CHILD

10. **FULL NAME** GEORGE JOHN TAYLOR
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace PRESTON (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AUGUSTA ELVA GEORGE [redacted]
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace DUNDEE (City or town) OREGON (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 30 years, and that Mrs Beckstead (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Augusta E. Clawson Signature

1798 Belmont Avenue, Pasadena, California P. O. Address

Subscribed and sworn to before me this 5 day of August, 19 42

(SEAL) Notary Public, residing at Pasadena, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated)

Received for filing on AUG 10 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-12-0234-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353531
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Heyburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Minidoka
(c) City Heyburn
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? over 40 yrs.

3. RESIDENCE OF FATHER (city, state) Heyburn

4. FULL NAME OF CHILD Clarence Elmer Cotton

5. Date of Birth of Child (Month, day, year) Mar 24 1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Cotton
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Lancashire (City or town) England (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Emeline Rosella Rose
17. Color or Race White **18.** Age at time of THIS birth 45 yrs.
19. Birthplace Morgan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 30 years, and that Mrs Calbert (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emeline R R Cotton Signature
Sugar Idaho P. O. Address

Subscribed and sworn to before me this 8 day of August, 1942

(SEAL) Notary Public, residing at Sugar Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mary [illegible], Registrar.

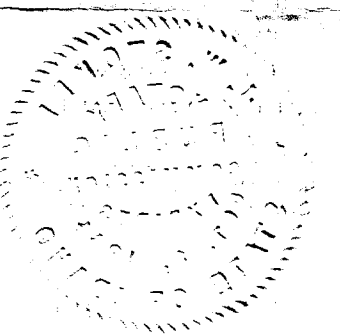
NOV 1 2 1976

AUG 1 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



261-229-021-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353532
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Whitney
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Whitney
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Nancy Jane Swainston
5. Date of Birth of Child (Month, day, year) June 29, 1912
6. Sex female
7. Twin or Triplet single
If so—born 1st, 2nd, 3rd 4th
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Swainston, Henry L.
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace England (naturalized citizen) (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Kent
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Lewiston, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Maude Kent Wilson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature (deceased) M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 30 years, and that Dr. Canfield, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

witnessed by mark
Paul M. Cory & W. G. Jones

Maude Kent Wilson mark Signature

East Idaho Street, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of August, 1942

(SEAL) Paul M. Cory Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

096-112-022-249 353657 353657

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353657
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Badger
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home.
(e) Mother's stay **BEFORE** delivery: IN THIS county years 8 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Badger
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lawrence Franklin Brower

5. Date of Birth of Child (Month, day, year) 3/12/1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Richard Franklin Brower

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Star Valley (City or town) Wyoming (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Glen Smith.

17. Color or Race white

18. Age at time of THIS birth 19 yrs.

19. Birthplace Chicago (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Hazel (First name) Brower (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 30 years, and that Mrs. Richard Shawcroft (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Glen Smith Brower Signature

Felt Idaho P. O. Address

Subscribed and sworn to before me this 19 day of Aug 19 42

(SEAL) Notary Public, residing at Tetonia

(Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1942 by Mary F Elder, Registrar.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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281-121-001-238

353706

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City 5½ mi. E. of Nampa
(c) Street Address or R.F.D. No. R.R. #2
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State ~~Ada~~ Idaho (b) County Ada
(c) City E½ mi. E. of Nampa
(d) Street Address or R.F.D. No. R.R. #2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) 5½ Mi. E. of Nampa, Idaho

4. FULL NAME OF CHILD William Eberle Shaw III

5. Date of Birth of Child (Month, day, year) May 21, 1912

6. Sex Male **7.** Twin or Triplet – If so—born 1st, 2nd, 3rd – **8.** No. months of Pregnancy 9 Mo. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William Eberle Shaw Jr.
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Cincinatti (City or town), Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Pauline Elizabeth Schilling
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace White City (City or town), Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business –

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12-noon M. on the date and at the place stated above, and that personal particulars were furnished by Pauline (First name) E. Shaw (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 30 years, and that ____ (First name) ____ (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pauline E. Shaw Signature

2728 Adams Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 8 day of August, 1942

(SEAL) Gertrude Renaud. Notary Public, residing at Long Beach, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires January 27, 1946

Received for filing on AUG 14 1942 by ____, Registrar.

AUG 18 1942

MAY 27 1952

MAY 28 1952

MAR 12 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-208-072-113

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353790
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman, Idaho

4. FULL NAME OF CHILD Ella Vivian Gridley

5. Date of Birth of Child (Month, day, year) 10-8-1912

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Orket Gridley
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Gridley (City or town) California (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anine Jacobson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Grass Valley (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Gooding } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that Mrs Sarah Hoagland (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Anine Gridley Signature

Hagerman, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of August 1942

(SEAL) Notary Public, residing at Hagerman, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

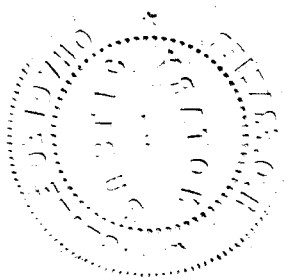
AUG 21 1942

FEB 22 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



466-108-028-713

353826

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenia (b) City St. Maries, Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay BEFORE delivery: IN THIS county Two years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City St. maries
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Two yrs.

3. RESIDENCE OF FATHER (city, state) St. Maries, Id

4. FULL NAME OF CHILD William George Moody

5. Date of Birth of Child (Month, day, year) March 8, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Martin William Moody
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Thompson, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Ratchet setter
15. Industry or Business Sawmill

MOTHER OF CHILD

16. FULL MAIDEN NAME Ora Mae Palm
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Butler, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nit. 8 ol.
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ora Mae Moody (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature J. Kinnebrew M.D. Midwife Address St Maries Date Aug 14-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 18 1942 by Maud F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1974

AUG 21 1942

MAR 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-131-039-469

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353828

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) ~~County~~ Lemhi (b) ~~City~~ State of Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: at Home
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) ~~County~~ Lemhi
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address deceased

3. **RESIDENCE of FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Rex Layd Lowman

5. Date of Birth (Month, day year) May 31. 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Max Lowman

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Michigan (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Morrow

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Lexington Ky (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Robt Lowman (First name) (Last name), who is related to this child as Brother (Mother, M.D., etc.)

26. (a) AUG 18 1942 (Date received) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Robert Lowman, being first duly sworn, say that I am Brother (Related to (or) acquainted with)
(Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Robert Lowman Signature
3973 N. Montana Ave Portland P. O. Address

Subscribed and sworn to before me on this 1st day of June 1942

(SEAL) Notary Public, residing at Portland Oreg.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which~~ has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

354969

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Ada (b) City Near Meridian
(c) ~~Street Address~~ or R F.D No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years 9 months 2 days.

2. **USUAL RESIDENCE of MOTHER: (Always fill in these)**
(a) State Idaho (b) County Ada
(c) City Meridian
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Huntington Oregon

3. **RESIDENCE OF FATHER** (city, state) Huntington Oregon

4. **FULL NAME OF CHILD** Warren Wayland Fountain.

5. Date of Birth (Month, day, year) 4. 19. 1912.

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Hartley Fountain

11. Color or Race White

12. Age at time of THIS birth 50 yrs.

13. Birthplace Pulaski (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marcia Louisa Cash

17. Color or Race White

18. Age at time of THIS birth 41 years

19. Birthplace Cumberland Co. (City or town) Maine. (State or foreign country)

20. Exact Occupation House wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10
(c) Born alive and now dead ..... (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ~~AUG~~ 20 1942 (Date received) (b) Mabel F. Elsfer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ralph W. Fountain, being first duly sworn, say that I am ~~related~~ to (Related to (or) acquainted with) Warren Wayland Fountain (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. H. Neal (Name of attendant at birth), who attended said birth is now (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

deceased

Ralph W. Fountain Name

Huntington, Oregon P. O. Address

Subscribed and sworn to before me on this 19th day of August 1942

(SEAL) F. E. Peterson Notary Public, residing at Huntington, Oregon

Notary Public for Oregon
Commission Expires February 8, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355004
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls, Idaho
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Olive Harriet Nelson

5. Date of Birth of Child (Month, day, year) May 25, 1912

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME LeRoy P. Nelson
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lila Cotterell
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace American Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that Emily (First name) Lish (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. LeRoy Nelson Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of August, 19 42

(SEAL) Notary Public, residing at Am. Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by , Registrar.

AUG 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355119
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: private home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Horse shoe Bend
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Horse shoe Bend Idaho

4. **FULL NAME OF CHILD** Mabel Emmaline Woods

5. Date of Birth of Child (Month, day, year) Dec 22 1912

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roan Sheridan Woods
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Lovinia Hanson
17. Color or Race white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Crede Sol
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature John Beck M.D. Midwife Address Boise Ida Date 9-3-42

State of .....
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Mary F Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 11 1973

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

DELAYED

Dup #1912-1084

864-209-023-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355200
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. 1.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. 1.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thelma Beth Youtsler

5. Date of Birth of Child (Month, day, year) July 9-1912

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Bismark Youtsler
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Olethe (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Crystal J. Ricketts.
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Rock Island (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Crystal (First name) Youtsler (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature R M Cummings M.D. ~~Midwife~~ Address Emmett Date 8-27-42

State of California
County of Contra Costa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 30 years, and that Dr. Cummings (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina C McDonald Signature
1434 Castro St., Martinez, Calif. P. O. Address

Subscribed and sworn to before me this 10th day of August, 1942.
(SEAL) Nina M. Keefe Notary Public, residing at Martinez, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 15 1942 by Mary F. Elsner, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-215-028-395

United States Department of Commerce Bureau of the Census

AUG 31 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355218
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Fish Lake
(c) Street Address or R.F.D. No. None.
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Fish Lake
(d) Street Address or R.F.D. No. None.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Fish Lake, Idaho

4. FULL NAME OF CHILD Hazel Maria Watson

5. Date of Birth of Child (Month, day, year) Mar. 15, 1912

6. Sex Female **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME George Clarence Watson
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Muskegon (City or town), Michigan (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Lindfors
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 62 years of age, that I have known this person for 30 years, and that Dr. Drennan (?) (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydea A Watson Signature
7728 - 21 ave N. W. Seattle P. O. Address

Subscribed and sworn to before me this 28th day of August 1942.

(SEAL) Leonora P. Eliason Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1942 by [illegible], Registrar.

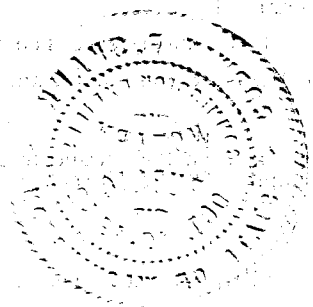
JAN 21 1966

OCT 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319-218-028-495

355281

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355281

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur D'Alene
   (c) Street Address or R.F.D. No. Fort Grounds
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Kootenai
   (c) City Coeur D. Alene.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur D Alene Idaho

4. **FULL NAME OF CHILD** Anne Irene La Roche

5. Date of Birth of Child (Month, day, year) Sept 18th 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jos. Cyprien La Roche.
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Blue Island (City or town) Ill. (State or foreign country)
14. Exact Occupation Mill Worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Mary Sidrole
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Mt Pleasant (City or town) Mich. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that M. J. (First name) Busby (Last name), who attended this birth Is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Mary LaRoche Signature

813-N. Webster Portland Ore P. O. Address

Subscribed and sworn to before me this 24th day of August, 1942

(SEAL) George J. Wolff NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES Mar 24 44 Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1942 by , Registrar.

JUN 2 1975

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-1/16-036-695

355357

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County ONEIDA (b) City TREASURETON

(c) Street Address or R.F.D. No. [illegible] TREASURETON, IDAHO

(d) Name of Hospital or Maternity Home: at Parents home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County ONEIDA

(c) City TREASURETON

(d) Street Address or R.F.D. No. [illegible] IDAHO

(e) How long has **MOTHER** lived in Idaho? [illegible] yrs.

3. RESIDENCE OF FATHER (city, state) TREASURETON IDAHO

4. FULL NAME OF CHILD KENNETH LLOYD SANT

5. Date of Birth of Child (Month, day, year) Jan. 16, 1912

6. Sex MALE

7. Twin or Triplet SINGLE BIRTH If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mos

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALMA CLIFFORD SANT

11. Color or Race WHITE

12. Age at time of THIS birth 28 yrs.

13. Birthplace TREASURETON (City or town) IDAHO (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LOLA CATHERINE WINWARD

17. Color or Race WHITE

18. Age at time of THIS birth 26 yrs.

19. Birthplace South Jordan (City or town) UTAH (State or foreign country)

20. Exact Occupation HOME MAKER

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum YES NAME NOT KNOWN COLOR BLACK

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of IDAHO
County of FRANKLIN } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that MRS ELLEN (First name) BARGER (Last name) who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Mrs. Lola Sant Signature

182 North State Street, Preston Idaho P. O. Address

Subscribed and sworn to before me this 25 day of August 1942

(SEAL)

Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

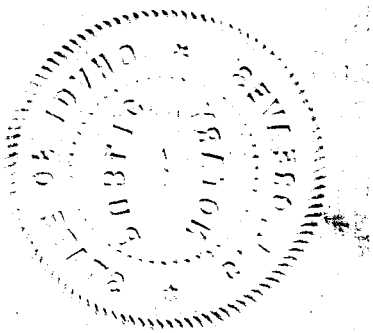
Received for filing on AUG 28 1942 by ..... Registrar.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255-117-003-493

355361

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 1 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Downey

4. FULL NAME OF CHILD Carl Lloyd Kendall

5. Date of Birth of Child (Month, day, year) Apr-17-1913

6. Sex M **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Earl Kendall
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Oxford (City or town) Idaho (State or foreign country)
14. Exact Occupation A Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillia Irene Millard
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation A Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 20 years, and that Jane Hodge (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillia Irene Kendall Signature
Oxford Idaho P. O. Address

Subscribed and sworn to before me this 29 day of August, 1942

(SEAL) Anna Koford Notary Public, residing at Clifton Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1942 by Mary K. Felden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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942-204-019-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355400
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) 4 yrs

4. **FULL NAME OF CHILD** Mattie Agnes Rukavina

5. Date of Birth of Child (Month, day, year) July 4, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mike Rukavina
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Lika, Croatia (City or town) Jugoslavia (State or foreign country)
14. Exact Occupation Farmer & Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Bassic
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Lika, Croatia (City or town) Jugoslavia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 30 years, and that DR. CHAS. F. BAKER (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

His Mark T Signature

Bill Rush, Witnesses
Wanda Fullmer P. O. Address

Subscribed and sworn to before me this 29 day of August, 1942

(SEAL) My Commission Expires Aug. 1, 1945 [signature] Notary Public, residing at Mackay, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by [signature], Registrar.

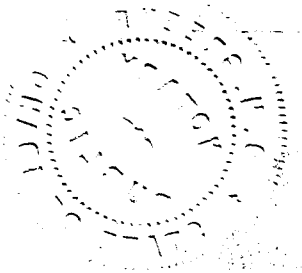
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493-128-014-251

355569

355569

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 11th Ave. & 2nd.
(d) Name of Hospital or Maternity Home: (own home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 11th Ave., & 2nd
(e) How long has **MOTHER** lived in Idaho? 4/12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Edward Mitchell

5. Date of Birth of Child (Month, day, year) Aug. 28, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Edward Mitchell
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Pekin. (City or town) Illinois (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business buildings

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary W. Knasel
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Pekin, (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum x

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary W. Mitchell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of OREGON, County of Columbia, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 30 years, and that Mrs. (First name) Stevens (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary W Mitchell — Signature

Route 1, Box 121, Rainier, Oregon — P. O. Address

Subscribed and sworn to before me this 4th day of September, 1942

(SEAL)

Notary Public, residing at Clatskanie, Ore.

MY COMMISSION EXPIRES JAN. 2, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1942 by Mary Fielder, Registrar.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-203-030-893

355609

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon, Ida.

4. **FULL NAME OF CHILD** Margaret Susan Viel

5. Date of Birth of Child (Month, day, year) Aug. 3, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Viel
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) Canada (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Hill
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Red Rock (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Lorn alin (Born alive, stillborn) at 12.00 M. on the date and at the place stated above, and that personal particulars were furnished by Maude Viel (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature C. J. Hatton M.D. ~~Midwife~~ Address Salmon, Ida Date 9/3/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Maud F. Eckfeld, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-22-010-693

355610

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355610
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Faals
   (c) Street Address or R.F.D. No. 241 5th
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 12 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 241 5th st
   (e) How long has **MOTHER** lived in Idaho? 41 yr yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Madelyn Wilkinson

5. Date of Birth of Child (Month, day, year) 12-24-1912

6. Sex White

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edwin A.Wilkinson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Murry (City or town) Utah (State or foreign country)
14. Exact Occupation Clerk Union Pacific Rail Road
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy D. Wilkinson
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bould City (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 am M. on the date and at the place stated above, and that personal particulars were furnished by Mr. and Mrs E.A Wilkinson (First name) (Last name), who is related to this child as Father and Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Idaho Falls, Ida. Date Sept 5-1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-122-028-211

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355616
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur D Alene
(c) Street Address or R.F.D. No. Mullen, 714
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D Alene
(d) Street Address or R.F.D. No. 714 Mullen
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Thomas Edward Best

5. Date of Birth of Child (Month, day, year) 12-22-1912

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Forrest Martin Best
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Sylvia Baardson
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Vanceburg (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business heeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Chelan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 29 years, and that Mrs Simpkin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Sylvia Baardson Knowles Signature

Chelan, Washington. P. O. Address

Subscribed and sworn to before me this 31st day of August, 19 42

(SEAL) W M Emerson Notary Public, residing at Chelan

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Mabel F Elsfere, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-127-028-213

355667

United States
Department of Commerce
Bureau of the Census

SEP 8 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Spirit Lake
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN THIS county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Spirit Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Spirit Lake Idaho

4. **FULL NAME OF CHILD** Gilbert Nelson Burns

5. Date of Birth of Child (Month, day, year) 7-27-1917

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter James Burns
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Kendrick Idaho (City or town) (State or foreign country)
14. Exact Occupation Photographer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrix Lillian Bacon
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Prevo Smith Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. ~~Attendant's~~ **OWN** signature Gilbert Nelson Burns M.D. ~~Midwife~~ Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Kootenai } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 25 years of age, that I have known this person for 30 years, and that Dr Pringle and Thompkins (First name) (Last name), who attended this birth are now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beatrix Lillian Bacon Burns Signature
1429-4th St Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 4th day of September 1942

(SEAL) Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on SEP 8 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 1972

SEP 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

213-219-028-553

355716

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 8 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bootana (b) City Ford Ida.
   (c) Street Address or R.F.D. No. Rockford Ida
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 5 days.
   In **THIS** county years 4 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Ida (b) County Bootana
   (c) City Ford
   (d) Street Address or R.F.D. No. Rockford Ida
   (e) How long has **MOTHER** lived in Idaho? since 1910 yrs.
   (f) Mother's mailing address (For registration notice): Worley Ida. (Present)
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Ford Ida.

4. **FULL NAME OF CHILD** Helfen Anna Salmonson

5. Date of Birth (Month, day, year) July 10-1942

6. Sex Fem

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nels A Salmonson

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Sweden (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma A Nelson

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Sweden (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at a M. on the date and at the place stated above, and that personal particulars were furnished by Emma Salmonson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) Mary H Helfen (Registrar's signature)

27. Given name added on by (Registrar's Signature)
SEP 8 1942

25. Attendant's **OWN** signature L Blanton M.D. (D.O., Midwife, etc.)
and address Rockford Ida Date

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEP 1 0 1942

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

795-222-521-285

355738

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Dayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 months

3. RESIDENCE OF FATHER (city, state) Dayton, Idaho

4. FULL NAME OF CHILD Maxine Shelton Pierron

5. Date of Birth of Child (Month, day, year) May 22, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver A. Pierron
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Pierron (City or town) Illinois (State or foreign country)
14. Exact Occupation U.P. R.R. Agent
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy E. Shelton
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bucklin (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that ..... (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Amy E. Pierron Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of August, 1942
(SEAL) R. H. Stufflebeam Notary Public, residing at Blackfoot, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Mabel F. Elsfere, Registrar.

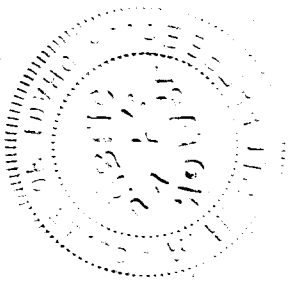
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



415-206-042-761

355759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Rogerson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: 20 Years
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Rogerson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Celestia Atole Davis

5. Date of Birth of Child (Month, day, year) May-6-1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter B. Davis
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Pineville, (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Rose Poage
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Louisville, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Nancy Adeline (First name) Thompson (Last name) who is related to this child as Mid Wife (Mother, etc.)

25. Attendant's **OWN** signature Nancy Adeline Thompson M.D. Midwife Address Castleford, Idaho Date July/15/1942

State of California
County of ~~Monterey, Park~~ (Los Angeles) } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 30 years, and that Nellie Rose Poage (First name) (Last name), who attended this birth of the Registrant (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nellie Rose Davis Signature

Monterey, Park, California P. O. Address

Subscribed and sworn to before me this 15 day of July, 1942

(SEAL) E. L. Gurch Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 10 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-131-042-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355798
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No. in town
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Kimberly Ida

4. FULL NAME OF CHILD Jess Morgan Brown

5. Date of Birth of Child (Month, day, year) May 31, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Brown
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Beersheba Spgs Tennessee (City or town) (State or foreign country)
14. Exact Occupation On Old Age Pention
15. Industry or Business Spud Buyer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Belle Tate
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Beersheba Spgs Tennessee (City or town) (State or foreign country)
20. Exact Occupation Louse Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 60 yr 8 mo years of age, that I have known this person for since birth years, and that Dr J. R. Morgan (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Ella Bell Brown Signature

P. O. Address

Subscribed and sworn to before me this 9th day of September, 1942

(SEAL) Geo A Davison Notary Public, residing at Twin Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 10 1942 by Mabel F. Elder ave Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

I'm waiting for this certificate to obtain a Defense job Please Rush

SEP 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-128-028-349.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 9 1942

State File No. 355799
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 425 6th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 6 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Eastport
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Eastport, Ida.

4. FULL NAME OF CHILD Maurice Otto Richter (Possibly Registered as Moritz O Richter)

5. Date of Birth of Child (Month, day, year) Nov. 28, 1912

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Otto M. Richter
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Weimer (City or town) Texas (State or foreign country)
14. Exact Occupation Car Clerk
15. Industry or Business Railroad Carrier

MOTHER OF CHILD

16. FULL MAIDEN NAME Zoe A. Curtis
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Joel (City or town), Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29½ years, and that Dr. John Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zoe A. Richter Signature
Rte. 5, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 22 day of August, 1942.
(SEAL) C. M. Higgins Notary Public, residing at Spokane Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

681/17042-261

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355947
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 506 - 3rd ave, West
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Twin Falls Idaho (b) County Twin Falls
(c) City
(d) Street Address or R.F.D. No. 506 - 3rd ave West
(e) How long has **MOTHER** lived in Idaho? 4 yrs. 6 mths

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Floyd Willard Wyatt

5. Date of Birth of Child (Month, day, year) Oct 17th 1942

6. Sex male

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnacy 9 mths

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willard Wyatt
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Murrayville Illinois (City or town) (State or foreign country)
14. Exact Occupation Supt. Twin Falls Water Co.
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lorena Gertrude Swanhorst
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Smithport Penn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living and twin the 4th

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive; stillborn) at 5-15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lorena Gertrude Wyatt (First name) (Last name) who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature Mrs Lorena Gertrude Wyatt M.D. or Midwife Address 6239 A Riverside Av Date 9-11-42 Bell Calif

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for all his life years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lorena Gertrude Wyatt Signature
6239 A Riverside Av. Bell Calif. P. O. Address

Subscribed and sworn to before me this 11th day of September 1942

(SEAL) Presley Moore Notary Public, residing at Bell Calif.

MY COMMISSION EXPIRES MARCH 6, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-112016-814

357207

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 21 1942

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County....Cassia..... (b) City.....(on ranch)
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State...Idaho..... (b) County.....Cassia.....
(c) City .....(On ranch south of Murtaugh)
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....41.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD.....George Warren Fuller.....

5. Date of Birth of Child (Month, day, year)....March 12, 1912

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Jackson Fuller

11. Color or Race...white.....

12. Age at time of THIS birth.....60....yrs.

13. Birthplace.....Belfast..... (City or town) .....Maine..... (State or foreign country)

14. Exact Occupation .....Stockgrower.....

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Valeria I. Hamilton

17. Color or Race.....white.....

18. Age at time of THIS birth.....30....yrs.

19. Birthplace.....Murray..... (City or town) .....Utah..... (State or foreign country)

20. Exact Occupation .....Housewife.....

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child.....(b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of.....Idaho.....
County of.....Twin Falls..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....60.....years of age, that I have known this person for.....30.....years, and that .....Dr. Albee..... (First name) (Last name), who attended this birth...is now deceased... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Valeria I. Fuller .....Signature

Murtaugh, Idaho. .....P. O. Address

Subscribed and sworn to before me this.....15th.....day of.....September....., 19..42

(SEAL) .....Marian Dunn.....Notary Public, residing at.....Twin Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....SEP 21 1942.....by.....Mabel Hedelin.....Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

663-227025-632

357211

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 11 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Clearwater Idaho

4. FULL NAME OF CHILD Alma Josephine Folden

5. Date of Birth of Child (Month, day, year) July 27, 1942

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Martin J Folden
11. Color or Race white **12.** Age at time of THIS birth 45 yrs.
13. Birthplace (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma M. Olson
17. Color or Race white **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Hawley (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 30 years, and that Agnes (First name) Milot (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Commission expires July 30, 1945

Mrs. Thelma L. Skinner Signature

Box 755 - Kellogg Idaho P. O. Address

Subscribed and sworn to before me this 16 day of Sept, 1942

(SEAL)

Mary M Stout Notary Public, residing at Kellogg Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by Mabel McEldowney, Registrar.

OCT 1 1968

SEP 2 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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713 113 028 255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357219
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 11 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD John Adam Palmerton

5. Date of Birth of Child 3/13/1912 (Month, day, year)

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John William Palmerton
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Colfax (City or town) Washington (State or foreign country)
14. Exact Occupation In Drug Business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucile Helen Severance
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Cascade (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington, County of King } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 61, Oct 1st years of age, that I have known this person for ____ years, and that Dr. John (First name) Dwyer (Last name), who attended this birth is disceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucile Severance Palmerton Lewis Signature
4545 20th N.E. Seattle, Washington P. O. Address

Subscribed and sworn to before me this 17th day of September, 1942

(SEAL) Dora L. Dyer Notary Public, residing at Seattle.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by Mabel H. Holmes, Registrar.

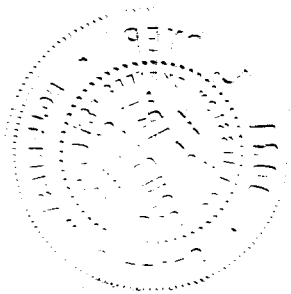
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-211027 613

357242

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Wendell
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Wendell
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell, Ida.

4. FULL NAME OF CHILD Minnie Alice Sellers

5. Date of Birth of Child (Month, day, year) July 11, 1912

6. Sex Female **7.** Twin or Triplet -- If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Allen Sellers
11. Color or Race Amer. **12.** Age at time of THIS birth 51 yrs.
13. Birthplace Unknown (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Laborer

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlottie Adel Walters
17. Color or Race Amer. **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Chanute, Nesho, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person ~~xx~~ all her life ~~xxxx~~ and ~~xxx~~ that no one but husband present (First name) at (Last name) this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlottie Adel Walters Rose Signature

Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 22d day of September, 1942

(SEAL) ..... Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-118006 331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 25 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357374
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 0 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Otho Harvey Allred

5. Date of Birth of Child (Month, day, year) January 18, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Byron Harvey Allred
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace St. Charles, Bearlake, Idaho (City or town) (State or foreign country)
14. Exact Occupation Salesman of Farm Implements
15. Industry or Business Oliver Chill Plow Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Evelyn Clark
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace St. Charles, Bearlake, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Evelyn Clark (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 30 years, and that Dr. Edwin Cutler MD (First name) (Last name) who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Evelyn Allred Signature
728 Loveland Ave SLC Utah. P. O. Address

Subscribed and sworn to before me this 23 day of September, 1942

(SEAL) Reulon T Jeffs Notary Public, residing at Salt Lake Co Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 25 1942 by Mabel F. Elsfen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-127014-29

357473

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357473
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 710 Belmont st.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years six months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 710 Belmont st.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD SAM GUY SMITH Jr.

5. Date of Birth of Child (Month, day, year) Aug 27, 1918

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME SAM GUY SMITH

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Pittsburgh, (City or town) Van Buren Co., Iowa (State or foreign country)

14. Exact Occupation Manager

15. Industry or Business Fruit Growers Assn.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Estell Barger

17. Color or Race white

18. Age at time of THIS birth 40 yrs.

19. Birthplace Fairfield, (City or town) Iowa. (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:00 p M. on the date and at the place stated above, and that personal particulars were furnished by Sam Guy Smith (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for years, and that J. W. Gue M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

S G Smith Signature

414 Cleveland Blvd - Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of October, 1942

(SEAL) Mabel L Coore Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 13 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1942

AUG 28 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

SEP 28 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357483
Local Reg. No. 110
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: home
IN THIS county yes years ~~[illegible]~~ months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Picabo, Idaho.

4. FULL NAME OF CHILD Chester Andrew Hunter

5. Date of Birth of Child (Month, day, year) March 23, 1912

6. Sex Male

7. Twin or Triplet one

If so—born 1st, 2nd, 3rd March 23

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Andrew Hunter
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Lula Martin
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Medford, Oregon (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum H2O

23. Number of children of this mother: (a) At time of birth and including this child ~~none~~ (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ✓ M. on the date and at the place stated above, and that personal particulars were furnished by ~~Laura Hunter~~ (First name) (Last name), who is related to this child as ~~Mother~~ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Blaine, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 30 years over, and that Alice Lloyd (First name) (Last name), who attended this birth is so ill as to be unable to sign this certificate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura L. Hunter Signature
Bellevue, Idaho. P. O. Address

Subscribed and sworn to before me this 8th day of September, 1942

(SEAL) B. P. Thamm, ~~Notary Public~~, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 9-16-1942 by Robert H. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-104006-864

United States
Department of Commerce
Bureau of the Census

SEP 28 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357559
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Kimball
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Kimball
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Kimball, Idaho

4. FULL NAME OF CHILD Doyle Y. Landon

5. Date of Birth of Child (Month, day, year) November 4, 1912

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 (

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Francis Landon
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Kaysville, Utah (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Young
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Perry, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 29 years, and that (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles F. Landon Signature
Route #1, Firth, Idaho. P. O. Address

Subscribed and sworn to before me this 16th day of September, 1942.

(SEAL) [signature] Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357636
Local Reg. No.
Reg. Dist. No.

OCT 5 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD Ruth Frances Tuttle

5. Date of Birth of Child (Month, day, year) Jan. 26, 1917

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME LeRoy Francis Tuttle
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Transfer Driver
15. Industry or Business Transfer.

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace C. Kelly
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Gratiot }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 52 years of age, that I have known this person for 30 years, and that Forgotten (First name) ____ (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace C. Tuttle Signature
Sheridan, Oregon P. O. Address

Subscribed and sworn to before me this 1 day of October, 1942

(SEAL) Earl Hammond Notary Public, residing at Sheridan, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) MY COMMISSION EXPIRES 8/29/43

Received for filing on OCT 3 1942 by Mark Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-227003-132

United States Department of Commerce
Bureau of the Census

OCT 1 1942

(Insure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357651
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock.
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Evelyn Louisa Brower

5. Date of Birth of Child (Month, day, year) Oct. 27-1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ariah Lysonder Brower
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Richmond, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Elezibeth Albiston
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Richmond, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive ~~and~~ now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 29 years, and that Velleta (First name) Jensen (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie E Brower. Signature

Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of September 1942

(SEAL) Jessie A. Rice Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of ~~Vital Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-217-009-363

United States
Department of Commerce
Bureau of the Census

SEP 23 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357814
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Hope
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 8 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Hope
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 2/3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hope, Ida.

4. **FULL NAME OF CHILD** Permelia Mercedes Berkey

5. Date of Birth of Child (Month, day, year) Feb. 17, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Ellsworth Berkey
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Brockport (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Cochran
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Dayton (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Frank (First name) Berkey (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO,
County of Bonner. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 30 years, and that Mrs. (First name) North (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Ellsworth Berkey Signature

Hope, Idaho P. O. Address

Subscribed and sworn to before me this 21st. day of September, 1942

(SEAL) [signature] Notary Public, residing at Sandpoint, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 23 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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OCT 8 1942

OCT 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-128'D22-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358055
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Chester
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Chester
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Chester, Idaho

4. FULL NAME OF CHILD Walter Stewart Brown

5. Date of Birth of Child (Month, day, year) April 28 1942

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Newton Brown
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Chapple Arlina Gilbert
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace — (City or town) Tennessee (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by George (First name) Brown (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address [illegible] Date 6-10-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-105034-[illegible]

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 13 1942

State File No. 358056
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Minidoka (b) City Rupert
(c) ~~Street Address~~ or R.F.D No. 2
(d) Name of Hospital or Maternity Home: At family home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home - days.
In THIS county 6 years - months - days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Rupert, Idaho

3. RESIDENCE OF FATHER (city, state) Rupert, Ida.

4. FULL NAME OF CHILD Robert Charles Christen

5. Date of Birth (Month, day, year) May 5, 1912

6. Sex Male

7. ~~Twin~~ or ~~Triplet~~ Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Christen
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Berne, Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Biedermann
17. Color or Race white
18. Age at time of THIS birth 37 years
19. Birthplace Iola, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) [signature] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.) and address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Christen (formerly Martha Biedermann), being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Robert Charles Christen (Name of person on certificate above) as my son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that my sister (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.

There was no attending doctor and my sister assisted at the time of said birth.

x Martha Christen Name
Sunnyside, Washington P. O. Address

Subscribed and sworn to before me on this 12th day of October, 1942

(SEAL) [signature] Notary Public, residing at Sunnyside, Wash

OCT 13 1942

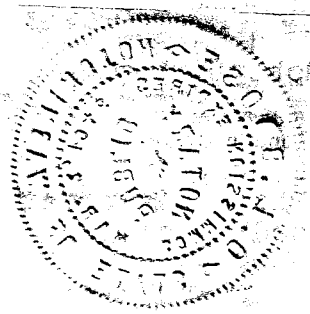
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



763-115 1019-165

358076

United States
Department of Commerce
Bureau of the Census

OCT 9 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 days ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Mackay, Idaho

4. FULL NAME OF CHILD Lemo Vadis Potts

5. Date of Birth of Child (Month, day, year) Jan-15-1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Rob Potts
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Woodland, Utah (City or town) ~~(State or foreign country)~~
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ETHEL LATRIELLE JONES
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Provo, Utah (City or town) ~~(State or foreign country)~~
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 30 years, and that Dr. (First name) Baker (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ethel Latrielle Coburn Signature
4908 Niagara Ocean Beach Calif P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942

(SEAL) John Edward Lofton Notary Public, residing at San Diego Calif

(My Commission Expires June 10, 1944.)

Received for filing on OCT 9 - 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-218-033-119

United States
Department of Commerce
Bureau of the Census

OCT 12 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358077
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Sugar City, Ida.

4. FULL NAME OF CHILD Delsa Miriam Kirby

5. Date of Birth of Child (Month, day, year) Dec. 18, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George David Kirby
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Hayford (City or town) England (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Mary Jarman
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Torquay (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for I am her Mother years, and that Mrs. Eliza Blake (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Bessie M. Kirby Signature
1511 E. 16th Str., Long Beach, Calif P. O. Address

Subscribed and sworn to before me this 29th day of September, 1942.

(SEAL) Elizabeth C. Plant Notary Public, residing at Long Beach

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-126.02-264

358109

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358109
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HUGH BODEN COBURN

5. Date of Birth of Child (Month, day, year) May 26 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Coburn Jr
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Polly Annorah Boden
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Dayton (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 8: A. M. on the date and at the place stated above, and that personal particulars were furnished by Polly (First name) Coburn (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that Sarah Phillips (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Polly Annorah Boden Coburn Signature

P. O. Address

Subscribed and sworn to before me this 13 day of October 19 42

(SEAL) Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1942 by Mary F Elder, Registrar.

OCT 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

649-101-D42-468

358737

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 358137

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Twin Falls

(c) Street Address or R.F.D. No. Rt. 1

(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls

(c) City Twin Falls

(d) Street Address or R.F.D. No. RFD #1

(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leslie Elvin Hurst

5. Date of Birth of Child (Month, day, year) 2/1/1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Richard Hurst

11. Color or Race white

12. Age at time of THIS birth 42 yrs.

13. Birthplace The Dalles (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sigrid Benedina Dahlquist

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Upsala, Sweden (City or town) (State or foreign country)

20. Exact Occupation mother

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 30 years, and that midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William R. Hurst Signature

Route #1, Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of October, 1942

(SEAL) Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Maud E. Eldredge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254-219-029-154

358201

United States
Department of Commerce
Bureau of the Census

OCT 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home on farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. farm
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) ^ 10 yrs

4. **FULL NAME OF CHILD** Mabel Louise Sedgwick

5. Date of Birth of Child (Month, day, year) Feb 25 1942

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Sabrition Sedgwick
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace New York (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Matilda Anderson
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Manchester Iowa (City or town) (State or foreign country)
20. Exact Occupation farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 o'clock M. on the date and at the place stated above, and that personal particulars were furnished by Mattie M Sedgwick (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IOWA
County of LINN } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years, and that Mrs Cunningham (First name) (Last name), who attended this birth midwife deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mattie M Sedgwick Signature
1024 - 4th ave S.E. Cedar Rapids Iowa P. O. Address

Subscribed and sworn to before me this 16th day of Oct 1942

(SEAL) [signature] Notary Public, residing at Cedar Rapids Iowa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 19 1942 by Mabel [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-130-033-031

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358227
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg-Idaho

4. **FULL NAME OF CHILD** Alvin William Lee

5. Date of Birth of Child (Month, day, year) Nov. 30, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Lee
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace East Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ann Statham
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person all his life ~~years~~, and that Dr. Rich (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Lee Signature

Rt. 7, Box 72, Portland, Oregon P. O. Address

Subscribed and sworn to before me this 9th day of October, 1942

(SEAL) Oscar Alderton Notary Public, residing at Portland, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires 1/17/44.

Received for filing on OCT 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-226-007-266

United States
Department of Commerce
Bureau of the Census

OCT 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358232
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Eva Ethel Lee

5. Date of Birth of Child (Month, day, year) Oct 26 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joe Lee
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Picabo (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business operated ranch

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Bowman
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bellevue (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Roy (First name) Lee (Last name), who is related to this child as Brother (Mother, etc.)

25. Attendant's **OWN** signature ✓ M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 30 years, and that Hattie Glouner (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roy Lee ✓ Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of Oct, 1942

(SEAL) [signature] Notary Public, residing at Gooding Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 5 1974

OCT 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

145-225-028819

359283

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 715 Indiana
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 6 years 11 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. 715 Indiana
(e) How long has **MOTHER** lived in Idaho? 7. yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Thelma Senita Duhnkopf

5. Date of Birth of Child (Month, day, year) Sept 25, 1912

6. Sex Fem

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Duhnkopf
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Clinton (City or town) Iowa (State or foreign country)
14. Exact Occupation shoe salesman
15. Industry or Business Department store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Cornelia Davis
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Sumner (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 30 years, and that Dr. John Dwyer (First name) (Last name), who attended this birth is deceased; (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie Duhnkopf Signature

650 Burchett Street, Glendale, Calif. P. O. Address

Subscribed and sworn to before me this 15th day of October, 19 42

(SEAL) Sara Pollard Sara Pollard Notary Public, residing at Glendale, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES MARCH 3, 1943

Received for filing on OCT 21 1942 by Mabel [illegible], Registrar.

OCT 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-216-029-613

359357

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Farmington PO
(c) Street Address or R.F.D. No. I
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 2 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Farmington, Wn Postoffice
(d) Street Address or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (If in State) Latah Co. Idaho

4. **FULL NAME OF CHILD** Doris Marie Boyer

5. Date of Birth of Child (Month, day, year) October 16, 1942

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Rockenfield Boyer
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Walnut Grove (City or town), Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Josephine Wattles
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Talbot (City or town), Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by Rose Boyer (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J. D. Louby M.D. ~~Midwife~~ Address Farmington Wn Date 10. 19. 42

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 22 1942 by Mabel M. Anderson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing, charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-102-028-445

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 23 1942

State File No. 359437
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Spirit Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 8 months

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Melvin J. Walsh

5. Date of Birth of Child (Month, day, year) Oct. 2, 1912

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Patrick Walsh
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Ireland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Miner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Dun
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 30 years, and that Mrs. Cohklin (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Patrick Walsh Signature

1514 Valley, Baker, Oregon P. O. Address

Subscribed and sworn to before me this 28 day of Oct. 1942

NOTARY PUBLIC FOR OREGON (SEAL) Notary Public, residing at Baker Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-108-034-943

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 25 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359525
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Heyburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Heyburn
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Heyburn, Ida.

4. FULL NAME OF CHILD Clarence Claude Riley

5. Date of Birth of Child (Month, day, year) Feb. 8, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy William Riley
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Hope (City or town) North Dakota (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lina Pearl Rutledge
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Medina (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None other (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Arizona
County of Maricopa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 30 years, and that Mrs. Kidwell (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lina Pearl Rutledge Riley Signature
Box 1687, Phoenix, Arizona P. O. Address

Subscribed and sworn to before me this 24th day of October, 1942
(SEAL) Pearl Eck Notary Public residing at Phoenix, Ariz.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Exp. 1/31/46

Received for filing on OCT 25 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1955

MAR 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

796-102-1044-263

359539

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Idaho

4. FULL NAME OF CHILD Arthur Wesley Grogan

5. Date of Birth of Child (Month, day, year) August 2, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Arthur Grogan
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Potter
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Rancher Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature F. A. Johnson M.D. Midwife Address Weiser Idy Date 10-26-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1942 by Mabel Hedden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

944-220-035-251

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 27 1942

State File No. 359564
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Sweetwater
(c) Street Address or R.F.D. No. Sweetwater
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county 15 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Sweetwater
(d) Street Address or R.F.D. No. Sweetwater
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Sweetwater, Ida.

3. RESIDENCE of FATHER (city, state) Sweetwater, Ida

4. FULL NAME OF CHILD Irene Edith Rudd

5. Date of Birth (Month, day year) Nov. 20th 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of ~~Pregnancy~~ 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Frank Rudd

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Michigan (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Dorothy May Bradley

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Weiser, Ida. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing

23. Number of children of this mother (a) At time of birth and including this child 3 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 29 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho, County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Dorothy May Rudd (Montague), being first duly sworn, say that I am Mother. (Related to (or) acquainted with) Irene Edith Rudd (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bank Lockhart (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dorothy May Rudd Montague Signature

923 North 11th Lewiston Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of June, 19 42

(SEAL) Helen M. Nelson Notary Public, residing at Lewiston Ida.

OCT 27 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 30 1942

DEC 29 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

663-107006-391

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359692
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City SHELLEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years 6 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City SHELLEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. RESIDENCE OF FATHER (city, state) Shelley Idaho

4. FULL NAME OF CHILD Alma Craven Wotherspoon

5. Date of Birth of Child (Month, day, year) January 7, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alexander Wotherspoon
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Middlesbrough (City or town), England (State or foreign country)
14. Exact Occupation Machine Maintaince
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ethel Craven
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Spennythorn (City or town), England (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ethel Bales (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. Midwife Address Shelley Date 10-29-42

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that Dr. Cutler (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ethel Bales Signature

595 Bright Street San Francisco, California P. O. Address

My Commission Expires December 31, 1942

Subscribed and sworn to before me this 13th day of October, 1942

(SEAL)

Notary Public, residing at San Francisco, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by , Registrar.

NOV 5

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed~~ by the local registrar for record in ~~the Bureau of Vital Statistics~~ for the purposes ~~and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-114029-263

United States
Department of Commerce
Bureau of the Census NOV 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359790
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. R.F.D.1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years months 11 days 14

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. R.F.D.1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch, Idaho

4. **FULL NAME OF CHILD** Fredrick Elmo Thompson
5. Date of Birth of Child (Month, day, year) Oct. 14, 1942
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 2nd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John William Thompson
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Cora (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Elizabeth (Lizzie) V. Boller
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Saline (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lizzie (First name) Thompson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature × Susanna Boller M.D. Midwife Address Potlatch Idaho Date Oct 22, 42

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 27 years, and that Susanna (First name) Boller (Last name), who attended this birth is still living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Susanna Boller Signature
Potlatch Idaho P. O. Address

Subscribed and sworn to before me this 22 day of October, 1942

(SEAL) NOTARY PUBLIC for the State of Idaho Residing at Potlatch, Idaho My Commission Expires Dec. 3, 1944 Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Mabel F. Edgerton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1944
NOV 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-111-032-291

359813

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 4 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Gooding
(c) Street Address or R.F.D. No. R. F. D. #3
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 10 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Gooding, Idaho
(d) Street Address or R.F.D. No. R. F. D. #3
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Gooding, Ida

4. FULL NAME OF CHILD Nile Everett Darling

5. Date of Birth of Child (Month, day, year) Sept. 11, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter E. Darling
11. Color or Race W
12. Age at time of THIS birth 28 yrs.
13. Birthplace Norton (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elda E. Krause
17. Color or Race W
18. Age at time of THIS birth 29 yrs.
19. Birthplace Norton (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that Dr. F. T. Cary (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elda E Darling Signature

R. F. D. #3, Gooding, Idaho P. O. Address

Subscribed and sworn to before me ~~this~~ 2 day of November, 1942

(SEAL) Bert Bowler, Clerk Dist Court Notary Public, residing at Gooding

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by ____, Registrar.

NOV 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

892-108-030-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359842
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Shoup
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 22 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Shoup
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) 22

4. **FULL NAME OF CHILD** Charles Amos Hibbs
5. Date of Birth of Child (Month, day, year) March 8, 1912
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Reuben Hibbs
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Savannah (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Cox
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person ~~for~~ since birth years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J R Hibbs Signature
P. O. Address

Subscribed and sworn to before me this 31st day of October, 1942

(SEAL) Frederick Hughes Snook Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by [signature], Registrar.

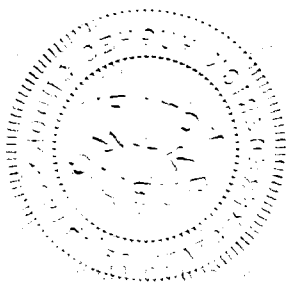
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-206-030-299

359877

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359877
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD Lois Ava Benjamin

5. Date of Birth of Child (Month, day, year) July 6, 1912

6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Ray Sutton Benjamin
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Blackfoot (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ava Briney
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Glenrock, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for -- 35 years, and that Eva Briney (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Ava Briney Benjamin, Signature
1428 Bird St., Oroville, Calif. P. O. Address

Subscribed and sworn to before me this 27th day of October, 19 42

(SEAL) Flora A. Sutherland Notary Public, residing at Oroville, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Mabel E. Adams, Registrar.

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-21-019-255

359895

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county 27 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.
(f) Mother's mailing address Chilly, Idaho

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Frances Miller

5. Date of Birth (Month, day year) Feb. 11, 1912

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John V. Miller
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Madison, South Dakota (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Kent
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Malad, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) NOV 4 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date

27. Given name added on ____ by ____ (Registrar's signature)

State of Idaho } ss.
County of Custer }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cora Miller Howell, formerly Cora Kent Miller being first duly sworn, say that I am related to (Related to (or) acquainted with) Frances Miller (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. F. Baker (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cora Miller Howell Signature

Chilly, Idaho P. O. Address

Subscribed and sworn to before me on this 31st day of October 1942.

(SEAL) [signature] Notary Public, residing at Mackay, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

386-105009 255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359938
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 616 North 6th Ave.
(d) Name of Hospital or Maternity Home: At home as stated above
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 616 North 6th Ave
(e) How long has **MOTHER** lived in Idaho? Five yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Howard Baker Thomason

5. Date of Birth of Child (Month, day, year) May 5th, 1912

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hilfred L. Thomason
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Morris, Minnesota U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Hardware Merchant
15. Industry or Business Hardware Merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Detta Heebe
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Chippewa County, Wisconcin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE Attending phyician was Doctor

24. I HEREBY CERTIFY That I attended the birth of this child, who was M. McKinnon, Sandpoint, Idaho (Born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by Hilfred L. Thomason (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Attending phyician and attending nurse are now both deceased Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that Doctor Malcolm McKinnon (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilfred L. Thomason Signature
601 Euclid Ave. Sandpoint Idaho P.O. Address

Subscribed and sworn to before me this 28 day of April, 1942

(SEAL) [signature] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-201 031-443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 6 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360001
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Reubens
(c) Street Address or R.F.D. No. x x x x
(d) Name of Hospital or Maternity Home: x x x x x
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years x months x days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis.
(c) City Reubens
(d) Street Address or R.F.D. No. x x x
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Boneita Osa Sims

5. Date of Birth of Child (Month, day, year) June 1, 1912.

6. Sex Female 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd X x 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Leonard Jonathan Sims
11. Color or Race White 12. Age at time of THIS birth 55 yrs.
13. Birthplace Mt. Vernon (City or town), Missouri. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business x x x x

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie May Mulch
17. Color or Race White 18. Age at time of THIS birth 41 yrs.
19. Birthplace Glenwood (City or town), Missouri (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business In the home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 30 years, and that Mrs. (First name) Van Kulken (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie May Sims (nee Mulch) Signature
Longview, Washington. P. O. Address

Subscribed and sworn to before me this 24th day of October, 19 42.

(SEAL) Marshall A. Neill Notary Public, residing at Pullman, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 6 1942 by Mabel Fiedler, Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695 117039-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3[illegible]013
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At private residence.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) AmericanFls Idaho.

4. FULL NAME OF CHILD Harold Grant Wiertzba

5. Date of Birth of Child (Month, day, year) 5/17/1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Adolph Wiertzba
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Common Labor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hulda Krueger
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 30 years, and that Dr. Noth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Freda Babb Signature

Route 3, Box 308, Oroville, Calif. P. O. Address

Subscribed and sworn to before me this 26th day of October, 1942

(SEAL) [illegible] Notary Public, residing at Oroville, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1942 by [illegible], Registrar.

NOV 13 1942
DEC 22 1942
APR 26 1955
FEB 06 2014

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-22014946

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360031
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City New Plymouth
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City New Plymouth
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 2 yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) New Plymouth

4. **FULL NAME OF CHILD** Mona Ladena Bertleson

5. Date of Birth of Child (Month, day, year) Aug. 22, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bert Christopher Bertleson
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace New York City, N. Y. (City or town) (State or foreign country)
14. Exact Occupation sheep business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Della Zufelt
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Arizona (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for all her life years, and that Ethel Farmer, midwife (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Della Bertleson Signature

Payette, Idaho. Rt. #1 P. O. Address

Subscribed and sworn to before me this 6th day of November, 19 42

(SEAL) W. R. McCune. Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 12 1942 by Mary K. Keeler, Registrar.

NOV 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349 120028 719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360280
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) NOV 2 1942
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1401 N 3rd St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1401 N 3rd St
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ernest William Curtis
5. Date of Birth of Child (Month, day, year) Oct 20, 1912
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gary Ethan Curtis
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Menomonie Wis. (City or town) (State or foreign country)
14. Exact Occupation City Letter Carrier
15. Industry or Business U.S. Post Office

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia Rose ~~Curtis~~ Garnier
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lyons (City or town) France (State or foreign country)
20. Exact Occupation housewife
21. ~~Industry or Business~~ Sylvia Rose Garnier

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father & Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 & 49 years of age, that I have known this person for 54 & 49 years, and that Dr Dwyer (First name) (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Father Gary E Curtis
Mother Sylvia R. Curtis 35-E-31st ave Spokane, Wn
Signature
P. O. Address

Subscribed and sworn to before me this 31 day of Oct, 1942.

(SEAL) C Semmell Notary Public, residing at Spokane, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

244 11 70 44 743

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 19 1942

State File No. 360346
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elva Raymond Sumpter

5. Date of Birth of Child (Month, day, year) Aug. 17 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Sheridan Sumpter

11. Color or Race white

12. Age at time of THIS birth 47 yrs.

13. Birthplace Putnam Co., Missouri (City or town) (State or foreign country)

14. Exact Occupation laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dolly Francis Pullin

17. Color or Race white

18. Age at time of THIS birth 31 yrs.

19. Birthplace Clinton Co. Missouri (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by George S. Sumpter (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Fa Schmidt M.D. ~~Midwife~~ Address Weiser, Idaho Date 11-8-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mary F Eldredge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-201-022-643

United States Department of Commerce Bureau of the Census

NOV 20 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361536
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County FREMONT
(c) City SALEM
(d) Street Address or R.F.D. No. R.F.D #2
(e) How long has **MOTHER** lived in Idaho? 9 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) SALEM IDAHO

4. FULL NAME OF CHILD GRACE DARLENE HOPE

5. Date of Birth of Child (Month, day, year) SEPT. 1 1912

6. Sex FEMALE

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME [redacted] Lorenzo Hope

11. Color or Race White

12. Age at time of THIS birth 19 yrs.

13. Birthplace BLUFFDALE (City or town) UTAH (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Fullmer

17. Color or Race White

18. Age at time of THIS birth 16 1/2 yrs.

19. Birthplace Orangeville (City or town) Emery Co. UTAH (State or foreign country)

20. Exact Occupation home wife

21. Industry or Business home wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of San Bernardino ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 30 years, and that DR SHUPE (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts ~~on the~~ certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Caroline Craigmiles Signature

1211 East A. St Ontario Calif. P. O. Address

Subscribed and sworn to before me this 19 day of November, 1942

(SEAL) Helen Hickenman Notary Public, residing at Ontario, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-218-036-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361602
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida, now Power (b) City near American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power, then Oneida
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) American Falls Idaho

4. FULL NAME OF CHILD Mary Audrey Walker

5. Date of Birth of Child (Month, day, year) Nov. 18, 1912

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Levi Lemuel Walker
11. Color or Race white 12. Age at time of THIS birth 39 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Millie Stanger
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Slaterville, Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years, and that Mamie C. Mosier (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Millie Walker Signature
American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 23d day of November, 1942

(SEAL) W. C. Loofbourrow Notary Public, residing at American Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

361-204-019-689

361623

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 23 19[illegible]

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361623
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: (Parents Home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county [redacted] years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Chilly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) 40 yrs

4. **FULL NAME OF CHILD** Beulah Coates

5. Date of Birth of Child (Month, day, year) July 4th 1912

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Alberts Coates
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace [redacted] (City or town) Mt Pleasant (State or foreign country) Utah
14. Exact Occupation Stock-Grower
15. Industry or Business (Livestock-Sheep)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ovanda White
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Moroni (City or town) Utah (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 30 years, and that Dr. Charles Baker (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ovanda Coates Signature

Chilly Idaho P. O. Address

Subscribed and sworn to before me this 18 day of November 19 42

(SEAL) [signature] Notary Public, residing at Mackay, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Aug. 1, 1945

Received for filing on NOV 23 1942 by [signature], Registrar.

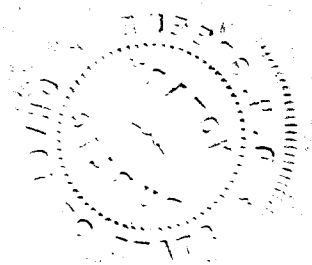
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-103-rd-225

United States Department of Commerce Bureau of the Census

NOV 23 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361624
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian Idaho

4. FULL NAME OF CHILD Daniel Dean Marcum

5. Date of Birth of Child (Month, day, year) May 3 1912

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Olney Grant Marcum
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Arcola (City or town) Missouria (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Ozella Skeen
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Nocona (City or town) Texas. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Farmers wife,

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 30 years, and that Dr. F. L. Payne (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olney Grant Marcum Signature

Myrtle Creek Oregon P. O. Address

Subscribed and sworn to before me this 21 day of November, 1942

(SEAL) COMMISSION EXPIRES 1-1-46 ____ Notary Public, residing at Myrtle creek Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by ____, Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

547-215035-636

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361783
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Russell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Russell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Russell Ida

4. FULL NAME OF CHILD Alice Marie Nugent

5. Date of Birth of Child (Month, day, year) May 15 1912

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Joseph Nugent
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Newfoundland (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adelia Flock
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Asotin (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years, and that Dr Fairly (First name) (Last name), who attended this birth is Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Adelia Nugent Signature

P. O. Address

Subscribed and sworn to before me this 27 day of November, 1942

(SEAL) Ruby Weisgerber Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Maud [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

MAY 3 1971

MAR 2 8 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-117-042.962

361786

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361786
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Parents' home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Raymond Williams

5. Date of Birth of Child (Month, day, year) March 17, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Eben Williams
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace (City or town) So. Dakota (State or foreign country)
14. Exact Occupation Construction laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Robinson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Upton (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that Dr. (First name) White (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Harriet Williams (Steffen) Signature

261 Alexander St., Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of November, 1942

(SEAL) Rose M Wiseman Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1942 by Mark Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated, when~~ such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-206-028-841

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361805
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Hayden Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 5 months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Hayden Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1-5 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Hayden Lake

4. FULL NAME OF CHILD Koreene Marion Johnstone

5. Date of Birth of Child (Month, day, year) Feb. 6 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roy Walthen Johnstone
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Omaha (City or town) Nebraska (State or foreign country)
14. Exact Occupation Railroad
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Lena Quatty
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Ute (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Illinois
County of Cook } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that Julia Cogrove (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bertha Lena Johnstone Signature
Wilmette Ill. P. O. Address

Subscribed and sworn to before me this 21 day of November, 1944

(SEAL) Isador S. Lutz Notary Public, residing at Chicago

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mary E. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

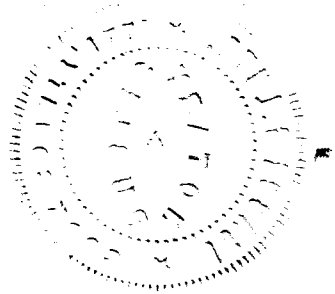
DEC 4 1942

JUL 12 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-204-037-35b

36 1859

361859

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361859
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) ~~City~~ P.O. Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) ~~City~~ P.O. Tindall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Tindall Idaho

4. FULL NAME OF CHILD Goldie Elsie Roberson

5. Date of Birth of Child (Month, day, year) Aug. 4 1912

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Roberson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Emmett (City or town) Idaho (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Idaho Lewis
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Mountain Home (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Nevada
County of Humboldt } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that Lucian Roberson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Roberson Signature

Winnemucca - Nevada P. O. Address

Subscribed and sworn to before me this 9th day of September, 1942

(SEAL) Gloria Germain Notary Public, residing at Winnemucca Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 23 1942 by Mary F. Elder, Registrar.

DEC 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

698-212-023-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361870
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Thunder City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Thunder City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Elizabeth Regenia Fry

5. Date of Birth of Child (Month, day, year) 2-12-1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Fulton Fry
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Nevada (City or town) Missouri (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Mary MacFadzeon
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Gresham (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by self (First name) (Last name), who is related to this child as Mid-wife (Mother, etc.)

25. Attendant's **OWN** signature Minnie In Armstrong M.D. Midwife Address Thunder City Idaho

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 30 years, ~~and that~~ (First name) (Last name) ~~who attended this birth~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Mary MacFadzeon Signature
El Monte, California P. O. Address

Subscribed and sworn to before me this 10th day of November, 1942

(SEAL) E. T. Oakes Notary Public, residing at El Monte, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1942 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-211-042-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361877
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 0 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Phyllis Mae Taylor

5. Date of Birth of Child (Month, day, year) May 11, 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Stewart Taylor
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Two Creeks (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Famer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lottie Belle Webb
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Wapun (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 noon M. on the date and at the place stated above, and that personal particulars were furnished by Benjamin (First name) Taylor (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 30 years, and that Dr. Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Benjamin Stewart Taylor Signature

Box 476, Kimberly, Idaho. P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1942

(SEAL) Clifford S. Fallis Notary Public, residing at Kimberly, Idaho.

Commission Expires May 20, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

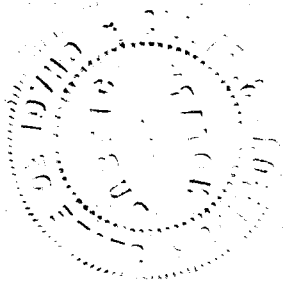
DEC 7 1942

JAN 4 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

549-110-039-562

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 4 - 1942

State File No. 361966
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: At Home on Farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Near Rockland
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Farm, Near Rockland

4. FULL NAME OF CHILD Harold Arthur Burleson

5. Date of Birth of Child (Month, day, year) Aug 10, 1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Marion Clin Burleson
11. Color or Race White Amer. **12.** Age at time of THIS birth 30 yrs.
13. Birthplace On Farm - Near Rolla, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ellen Nobles
17. Color or Race White Amer. **18.** Age at time of THIS birth 28 yrs.
19. Birthplace On Farm - Near Ava, Mo. (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by Marion (First name) Burleson (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Marion Clin Burleson M.D. Midwife Address Date 11/30/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the* (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1942 by Mabel McClure, Registrar.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

697-025102S-235

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362023
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) 14 yrs

4. FULL NAME OF CHILD Emma Evelyn Willis

5. Date of Birth of Child (Month, day, year) July 25, 1912

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Wherry Willis
11. Color or Race white **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Lane County (City or town) Oregon (State or foreign country)
14. Exact Occupation farmer and stockman
15. Industry or Business farming and stockraising

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Myrtle Stevenson
17. Color or Race white **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Elgin (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Cascade } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 30 years, and that Hannah (First name) Hanson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M. Willis Signature

713 Eleventh Street North, Great Falls P. O. Address

Subscribed and sworn to before me this 7th day of Dec, 19 42

(SEAL) County Clerk & Recorder Notary Public residing at Great Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mary F. Ed... Registrar.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

54-180-031-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362091
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1/3 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah Idaho

4. FULL NAME OF CHILD Lee Nedrow

5. Date of Birth of Child (Month, day, year) August 30 1912

6. Sex male

7. Twin or Triplet xx If so—born 1st, 2nd, 3rd xx

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John A. Nedrow
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Pocohontus (City or town) Penn (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Knepp
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Grantsville (City or town) Md (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 30 years, and that Mary (First name) Mae Fieldings (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John a Nedrow Signature

Clearwater Idaho P. O. Address

Subscribed and sworn to before me this 8 day of December 19 42.

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 5 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-110-028-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362101
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County COOTNEY (b) City HARRISON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME ATT. DR BUSBY
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County COOTNEY
(c) City HARRISON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) HARRISON-IDA

4. FULL NAME OF CHILD JOHN PATRICK RICE
5. Date of Birth of Child (Month, day, year) MAY 10 1912
6. Sex MALE
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** BENJAMINE PAUL RICE
11. Color or Race WHITE
12. Age at time of THIS birth 45 yrs.
13. Birthplace ~~BLISSFIELD~~ ROCHESTER MICH. (City or town) (State or foreign country)
14. Exact Occupation MILLWRIGHT
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** BLANCHE MARY COX
17. Color or Race WHITE
18. Age at time of THIS birth 40 yrs.
19. Birthplace BLISSFIELD MICH. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of KING } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 30 years, and that Dr Busby (First name) (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Blanche M. Rice Signature
527 - N Seattle Wash P. O. Address

Subscribed and sworn to before me this 2nd day of Dec. 1942.
(SEAL) W J Gaudin Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-105041-918

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362199
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Teton (b) City Tetonia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Tetonia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Tetonia Idaho

4. **FULL NAME OF CHILD** Lee Phillips

5. Date of Birth of Child (Month, day, year) Apr. 5-1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Charlie E. Phillips
11. Color or Race American
12. Age at time of THIS birth 31 yrs.
13. Birthplace Raysville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Ray
17. Color or Race American
18. Age at time of THIS birth 26 yrs.
19. Birthplace Boone (City or town) North Carolina (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that Margaret E. (First name) Clark (Last name), who attended the birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Phillips Signature

345 Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of December, 1942

(SEAL)

Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho [illegible]-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1912-5551

544 219 029-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362221
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Ida.

4. FULL NAME OF CHILD Helen Marie Emmett

5. Date of Birth of Child (Month, day, year) May 19, 1912.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Burl Nicholas Emmett
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Tina (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Belle Crawford
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Grants Lick (City or town) Kentucky (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Missouri
County of Carroll } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for life years, and that Dr (First name) Rothwell, M.D. (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Belle Crawford Emmett Signature

Tina, Missouri P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942

(SEAL) Charles S. Rutt Notary Public, residing at Tina, Missouri

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Jan. 19th 1943

Received for filing on DEC 14 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-201-006-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363314
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Pingree
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: I remained in my own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Pingree
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Pingree Idaho

4. FULL NAME OF CHILD IDA IREENE ANDERSEN

5. Date of Birth of Child (Month, day, year) June 1-1912

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Christian Andersen
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elvira Mecham
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Payson (City or town) Utah (State or foreign country)
20. Exact Occupation House wife on farm
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 30 years, and that Louisa (First name) Hansie (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Elvira Andersen Cook Signature
427 South Stout Blackfoot Idaho P. O. Address

Subscribed and sworn to before me this 15 day of Dec., 1942

(SEAL) Lois Fillo Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

175-22-025-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 21 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363321
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Kamiah
   (c) Street Address or R.F.D. No. R.F.D. No 1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kamiah
   (d) Street Address or R.F.D. No. R. F. D. No 1
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kamiah Ida

4. **FULL NAME OF CHILD** Evelyn Monell Agee

5. Date of Birth of Child (Month, day, year) Jan. 26, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Allen Matling Agee
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Macon (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lola Smith
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Calis (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lola (First name) Agee (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Maud B. Hollingshead M.D. Midwife Address Kidder Ridge - Idaho Date Dec 11-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel McLain, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-127-00f413

363405

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363405

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Meridian

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Meridian

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian

4. FULL NAME OF CHILD John Woodrow Coble

5. Date of Birth of Child (Month, day, year) Sept. 27, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George W. Coble

11. Color or Race white

12. Age at time of THIS birth 51 yrs.

13. Birthplace (City or town) Illinois (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth E. Matcham

17. Color or Race white

18. Age at time of THIS birth 36 yrs.

19. Birthplace (City or town) Canada (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 30 years, and that Dr. Dutton (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth E Coble Signature

Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of January, 19 43

(SEAL) Pauline C. Ambrose Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 6- 1943 by Mabel E. Eaton, Registrar.

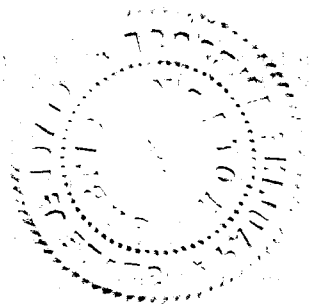
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



238-107-039-238 363407 363407

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363407
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County POWER (b) City AMERICAN FALLS
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County POWER
   (c) City AMERICAN FALLS
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** NORMAN SCHIEWE

5. Date of Birth of Child (Month, day, year) JULY 7th 1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? NO

FATHER OF CHILD

10. **FULL NAME**
11. Color or Race
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LENA C. SCHIEWE
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace MOUNTAINDALE, OREGAN (City or town) (State or foreign country)
20. Exact Occupation HOUSE WORK
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living FOUR

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by LINA (First name) SCHIEWE (Last name), who is related to this child as GRANDMOTHER (Mother, etc.)

25. Attendant's **OWN** signature L. K. Schiewe M.D. Midwife X Address AMERICAN FALLS IDA, Date 7/7/12

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 30 years, and that ____ (First name) ____ (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lina K. Schiewe Signature

1725 SE 33d Ave., Portland, Or. P. O. Address

Subscribed and sworn to before me this 4th day of January, 19 43

(SEAL) Vera I. West Notary Public, residing at Portland, Or.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1943 by Mary E Elder, Registrar.

JAN - 7 1943

MAY 26 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States 155-123-0054 (Be sure the information is as of date of birth of THIS child) State File No. 363453
Department of Commerce 294 - - CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Tekoa, Wn. (P.O. Address)
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: Parents home, (Mr. & Mrs. Sam Bruce)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county - years - months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Porthill
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Porthill, Idaho

4. FULL NAME OF CHILD GLEN AVERY

5. Date of Birth of Child (Month, day, year) Dec. 23, 1912

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 mos. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WILLIAM MELVIN AVERY
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Atlanta (City or town) Georgia (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business - --

MOTHER OF CHILD

16. FULL MAIDEN NAME EMMA LENORA BRUCE
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Ironton, (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 P.M. on the date and at the place stated above, and that personal particulars were furnished by Emma Lenora Avery (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J. A. Nelson M.D. Midwife Address Tekoa, Washington Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1912 by Mabel Keeler, Registrar.

DEC 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by~~ the local ~~registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-111-003-692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363457
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BANNOCK (b) City OXFORD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: all her life
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City OXFORD
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. **RESIDENCE OF FATHER** (city, state) OXFORD, IDAHO

4. **FULL NAME OF CHILD** ERNEST FISHER CROSHAW
5. Date of Birth of Child (Month, day, year) MAY 11-1912
6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM EDWARD CROSHAW
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace Oxford POCATELLO IDAHO (City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EFFIE EUGENA FISHER
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace Bountiful Utah (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 30 years, and that Christine Anderson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Eugena Croshaw Signature
Oxford Idaho P. O. Address

Subscribed and sworn to before me this 18 day of December, 1942
(SEAL) Orsan Koford Notary Public, residing at Clifton Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 8 1942

SEP 2 8 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

169-208014-395

363517

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Payette Idaho

4. FULL NAME OF CHILD Elzada Bell Jordan

5. Date of Birth of Child (Month, day, year) Feb. 8, 1912

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mo 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Willis Wayne Jordan
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Wheatland (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Kirt. Creel
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Sawton (City or town) Kansasa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business none.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by Willis Wayne Jordan (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Payette Idaho Date Feb. 8, 1912.

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 15 years of age, that I have known this person for 30 years, and that Elzada Jordan Sr. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willis Wayne Jordan Signature
1001 Harold St. Redlands Cal P. O. Address

Subscribed and sworn to before me this 21 day of December, 1942
(SEAL) Leo J. Fowler Notary Public, residing at Redlands Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219708009-463

363519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Township 55 - Range 6
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months about 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Township 55 - Range 6
(d) Street Address or R.F.D. No. (Newport Wash)
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Twp 55 - Rang 6

4. FULL NAME OF CHILD George Hilary Bailey

5. Date of Birth of Child (Month, day, year) Dec. 8 - 1912

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Edwin Bailey
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Bethel (City or town) — Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Delia Maria Doty
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Beckes (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 yrs 9 mos years, and that myself (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delia Maria Doty Bailey Signature
1506 West 64th St., Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 24th day of September, 1942

(SEAL) Mary P. Stanway Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mabel B. Elsom, Registrar.

DEC 3 0 1942

SEP 2 4 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses provided in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 224022966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363631
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Kilgore
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Dubois
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Dubois, Ida

4. FULL NAME OF CHILD Mary Eliza Miller

5. Date of Birth of Child (Month, day, year) Apr. 24, 1912

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Lake Miller
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Union (City or town) West Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Row
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Early Gulah, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Kroker Hardley (First name) (Last name), who is related to this child as (not related, was midwife) (Mother, etc.)

25. Attendant's **OWN** signature Mrs Anna Kroker Hardley M.D. Midwife Address Kilgore Ida Date April 24/12

State of Idaho
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [illegible] years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743-210028-433

363681

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363681
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Idaho
   (c) Street Address or R.F.D. No. B. St.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. B. St.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Esther Gullickson

5. Date of Birth of Child (Month, day, year) Sept. 10-1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd: single

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Anton Gullickson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Millworker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Ulland
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature John Wood M.D. Midwife Address Coeur d'Alene Ida Date Jan. 3. 43.

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that Dr Wood (First name) (Last name), who attended this birth Unable to make (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Laura Gullickson Mother Signature

Route # 1, Coeur d'Alene, Ida. P. O. Address

Subscribed and sworn to before me this 23rd day of December, 1942

(SEAL) M. E. Erickson Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by ____, Registrar.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

958-113-035-739

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 363708
Registrar's No. _____

State of IDAHO

1. PLACE OF BIRTH:
(a) County Nez Perce
(b) City or town Spalding (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: at home (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: In hospital or institution _____ In this community 34 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Nez Perce
(c) City or town Spalding (If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural, give location)

3. Full name of child James Reynolds
4. Date of birth 12-13-12 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____
7. Number months of pregnancy 9
8. Is mother married? yes

FATHER OF CHILD
9. Full name William Reynolds
10. Color or race Indian 11. Age at time of this birth 31 yrs.
12. Birthplace Nez Perce Reservation, (City, town, or county) Idaho (State or foreign country)
13. Usual occupation Policeman
14. Industry or business _____

MOTHER OF CHILD
15. Full maiden name Mollie Pliter
16. Color or race Indian 17. Age at time of this birth 34 yrs.
18. Birthplace Oklahoma Res. (City, town, or county) Oklahoma, (State or foreign country)
19. Usual occupation Housewife
20. Industry or business _____

21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 1
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:
delayed certificate.
Mrs. Mollie Pliter
Spalding, Idaho

23. I hereby certify that I attended the birth of this child who was born alive at the hour of Noon, m. on the date above stated and that the information given was furnished by Mollie Pliter, related to this child as Mother.

24. Date received by local registrar JAN 6 1943
25. Registrar's own signature Mark Helen (Registrar)
26. Date on which given name added _____ by _____

Attendant's own signature Mollie Pliter
M.D., or other Mother Date signed 1-4-43
Address _____

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

This is to certify that the above information is true and correct as shown by the official records of the Northern Idaho Indian Agency and the information now furnished by Mollie Pliter,

A. G. Wilson
Superintendent
Northern Idaho Indian Agency
January 4, 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 303[illegible]
Registrar's No.

JAN 8 1943

State of Idaho

1. PLACE OF BIRTH:	2. USUAL RESIDENCE OF MOTHER:
(a) County Nez Perce	(a) State Idaho
(b) City or town Spalding (If outside city or town limits, write RURAL)	(b) County Nez Perce
(c) Name of hospital or institution: at home (If not in hospital or institution, give its at number or location)	(c) City or town Spalding (If outside city or town limits, write RURAL)
(d) Mother's stay before delivery: In hospital or institution (Specify whether years, months or days) In this community 34 yrs	(d) Street No. (If in full, give location)

3. Full name of child James Reynolds
4. Date of birth 12-13-12 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet: 1st—born 1st, 2d or 3d
7. Number months of pregnancy 9
8. Is mother married? yes

FATHER OF CHILD	MOTHER OF CHILD
9. Full name William Reynolds	15. Full maiden name Mollie Pliter
10. Color or race Indian 11. Age at time of this birth 31 yrs.	16. Color or race Indian 17. Age at time of this birth 34 yrs.
12. Birthplace Nez Perce Reservation, Idaho (City, town, or county) (State or foreign country)	18. Birthplace Oklahoma Res. Oklahoma (City, town, or county) (State or foreign country)
13. Usual occupation Policeman	19. Usual occupation Housewife
14. Industry or business	20. Industry or business
21. Children (Mother's maiden name or registration number)	22. Mother's mailing address for registration number
(a) How many other children of this mother are now living? 2	delayed certificate
(b) How many other children were born alive but are now dead? 1	Mrs. Mollie Pliter
(c) How many children were born dead? 0	Spalding, Idaho

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 2000 m. on the date above stated and that the information given was furnished by Mollie Pliter related to this child as Mother.

24. Date received by local registrar [illegible] 1943
25. Registrar's own signature [illegible]
26. Date on which given name added by [illegible] (Registrar)

Attendant's own signature [illegible]
Mother Date signed 1-4-43
Address

8-6016 U. S. GOVERNMENT PRINTING OFFICE 16—12402

This is to certify that the above information is true and correct as shown by the official records of the Northern Idaho Indian Agency and the information now furnished by Mollie Pliter.

A. G. Wilson
Superintendent
Northern Idaho Indian Agency
January 4, 1943

DELAYED

755 219 026 293

363726

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Roberts, Ida.

4. **FULL NAME OF CHILD** Margery Maxine Pence

5. Date of Birth of Child (Month, day, year) Sept. 19, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Manley Luther Pence
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Buck Grove, Iowa (City or town) (State or foreign country)
14. Exact Occupation Yard Conductor
15. Industry or Business Chicago, Milwaukee & St. Paul R.R.

MOTHER OF CHILD (Initial only)

16. **FULL MAIDEN NAME** Melissa E. Bicknell
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Buck Grove Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Manley (First name) Pence (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wash
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years, and that Mr Jones (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Melissa E. Pence Signature

Seattle Wn P. O. Address

Subscribed and sworn to before me this 4th day of January, 1943

(SEAL) L F Broberg Notary Public, residing at Seattle Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254-218-023-312

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363727
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Helen Almeda Beutler

5. Date of Birth of Child (Month, day, year) May 18 1912

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William James Beutler

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Willard (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Meda Eliza Lake

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Oxford (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 a M. on the date and at the place stated above, and that personal particulars were furnished by Eliza Lake Beutler (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature R N Cummings M.D. ~~Midwife~~ Address Emmett Ida Date 1-3-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mark H. Fuller, Registrar.

JAN 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-112025 819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363728
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 3/4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Alphonse Micheal Schwartz
5. Date of Birth of Child (Month, day, year) 4-12-12
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRANK Schwartz
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Berlin (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Elizabeth Hartaret
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) Luxemburg (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ not related to ~~of~~ the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 31 years, and that Mrs Anna Trautman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Philomena Willenburg Signature
Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of Jan., 1943

(SEAL) Bruce Halsey Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212 228 032 - 235

363782

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363782
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Nez Perce
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Nez Perce
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nez Perce, Ida.

4. **FULL NAME OF CHILD** Antonia Mary Baker

5. Date of Birth of Child (Month, day, year) Jan. 28, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Baker
11. Color or Race white
12. Age at time of THIS birth 50 yrs.
13. Birthplace Rudersdorf, Germany (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Steinach
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Uznach, Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 30 years, and that Doctor (First name) Jefferis (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Baker. Signature

Mt. Angel, Oregon P. O. Address

Subscribed and sworn to before me this 11 day of January, 1943

(SEAL)

Nicholas M. Landy Notary Public, residing at Mt. Angel, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires 9-28-1946

Received for filing on JAN 16 1943 by ____, Registrar.

JAN 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 1942 - 729

266-115018-261

363788

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363788
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County CLEARWATER (b) City FRASER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CLEARWATER
(c) City FRASER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) FRASER, IDAHO

4. **FULL NAME OF CHILD** LYNN ORVILLE BOWDISH

5. Date of Birth of Child (Month, day, year) DEC. 15, 1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EBBE WING BOWDISH
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace WAUBEEK (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD SWANN

16. **FULL MAIDEN NAME** RUTH M. BOWDISH
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace CENTRAL CITY (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of ADA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that CLAUDIA (First name) JUDD (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ebbe W. Bowdish Signature
Grofino Idaho P. O. Address

Subscribed and sworn to before me this 18 day of Jan., 1943

(SEAL) Pauline Ambrose Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 18 1943 by Mary F. Elder, Registrar.

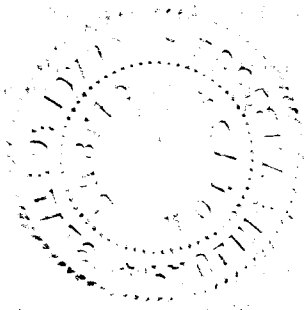
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



275-214007-336

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363800
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Picabo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Picabo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Since 1901 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Athena Alice Spencer

5. Date of Birth of Child (Month, day, year) Jan 14 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Theodore Spencer
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Richmond Ut. U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Rancher & Sheep Tender
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Retta Lloyd
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ks. (City or town) Kansas (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at Picabo Jan 14 1915 M. on the date and at the place stated above, and that personal particulars were furnished by Sarah A Lloyd (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature Sarah A. Lloyd M.D. Midwife Address Date

State of Idaho } ss.
County of Gem }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that Sarah A. Lloyd (First name) (Last name), who attended this birth Signed above (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Retta Bonner Signature

Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of January, 19 43

(SEAL)

Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1943 by Mabel Nelson, Registrar.

JAN 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-208-028-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363883
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. ? "Culps Hill"
(d) Name of Hospital or Maternity Home Coeur d'Alene City Hospital
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years 7 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. "Culps Hill"
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) CdA, Idaho

4. FULL NAME OF CHILD Eleanor grace Culp

5. Date of Birth of Child (Month, day, year) May 8, 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lynn Wirt Culp
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace New Salem, (City or town) Ohio (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business Practice of Law

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Crozier
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Centerville, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business House Keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ella (First name) Culp (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho California
County of Kootenai Alameda ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 30 years, and that John Busby M.D. (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Ella Crozier Culp Signature

#2532 Alameda St. Vallejo, Calif. P. O. Address

Subscribed and sworn to before me this 4th day of January, 1943

(SEAL)

Marion Sherwin Notary Public, residing at Alameda County California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by Mary E. Eden, Registrar.

JAN 13 1943

NOV 21 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-204003-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363890
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lund
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lund
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Lund, Ida

4. FULL NAME OF CHILD Helen Amanda Johnson

5. Date of Birth of Child (Month, day, year) Mar. 4-1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gustaf Albert Johnson.
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Swedden (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda C. Peterson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ogden (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Twin Falls ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years, and that Mrs Egbert (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda C. Johnson Signature

1226 Ea. Lander Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of January, 1943

(SEAL)

K. L. Jenkins Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

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DELAYED

Dup CC 1912-5099

236-12036-469

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 5 - 1943

State File No. 363920
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Personal home of D A Stocking
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years 2 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Reginal Angus Stocking

5. Date of Birth of Child (Month, day, year) Sept. 12 - 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Angus Stocking
11. Color or Race white
12. Age at time of THIS birth 27 yrs. 12 days mo.
13. Birthplace Merrimans (City or town) Utah (State or foreign country)
14. Exact Occupation Live Stock rancher
15. Industry or Business Live Stock rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Morgan
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace England (City or town) Liverpool (State or foreign country)
20. Exact Occupation house Wife
21. Industry or Business house-wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. Midwife Address Pocatello Date 1-5-1943

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 12 1943 by Mabel E. Gilpin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

115-217039-521

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363926

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls, Idaho

4. **FULL NAME OF CHILD** Marie Adella Janzen

5. Date of Birth of Child (Month, day, year) September 17, 1912

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 10

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry William Janzen
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Henderson, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Thresher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sara Esau
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Kansas
County of Harvey } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 30 years, and that Doctor (First name) Valentine (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sara Janzen Signature

116 E. 1st Newton, Kansas P. O. Address

Subscribed and sworn to before me this 28th day of December, 1942.

(SEAL) Doral Warden Notary Public, residing at Newton, Kansas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by Mabel Weldon, Registrar.

JAN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-117028-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363980
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1602 Park
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 7 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1602 Park
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ray Holden Harmon
5. Date of Birth of Child (Month, day, year) Dec. 17, 1912
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Victor Lee Harmon
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Pearisburg (City or town) Virginia (State or foreign country)
14. Exact Occupation Millworker
15. Industry or Business Lumber

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Etta Blair
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Newburn (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 30 years, and that Dr. [illegible] (First name) Holden (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Harmon Signature

Hayden Lake, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of January, 1943

(SEAL) Evelyn M. Thomas Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1943
JAN 26 1943

AUG 22 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

812-224009 453

364001

364001

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364001
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City SandPoint
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ___ years ___ months ___ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sand point
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint

4. **FULL NAME OF CHILD** Mildred Lela Haskin

5. Date of Birth of Child (Month, day, year) Aug. 24, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Alfred Haskin
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Eugene, Ore (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Nell Delzell
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Ash Grove, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (Born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) ___ (Last name), who is related to this child as ___ (Mother, etc.)

25. Attendant's **OWN** signature ___ M.D. Midwife Address ___ Date ___

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 30 years, and that Lulu Jones (First name) (Last name), who attended this birth Not Known (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Nell Haskin Signature

Rt. 1, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of January, 1943

(SEAL) W. H. Burnside Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1943 by Mary F Felder, Registrar.

JAN 2 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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364022

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 38 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Nina Mildred Jones

5. Date of Birth of Child (Month, day, year) May 27th 1912

6. Sex F.M.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James David Jones
11. Color or Race white
12. Age at time of THIS birth 52 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Jackson
17. Color or Race white
18. Age at time of THIS birth 44 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9th (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for all his life years, and that Dr. E. O. Finney (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Jones Signature

Weiser P. O. Address

Subscribed and sworn to before me this 22d day of January, 19 43

(SEAL) Notary Public, residing at Weiser

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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364155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364155
Local Reg. No. 2
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 4 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Gannett, Idaho

4. FULL NAME OF CHILD Virginia Anna Sowers

5. Date of Birth of Child (Month, day, year) December 24, 1942

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy nine **9.** Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Emphield Hiram Sowers
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Frankford (City or town), Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Mae Martin
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Picabo (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by Christina Sowers (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 30 years, and that Mrs Roda Freeman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Christena M. Sowers Signature

Hailey, Idaho. P. O. Address

Subscribed and sworn to before me this 14th day of January, 19 43

(SEAL) R. H. McCoy Notary Public, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-14-1943 by Robert H. Wright, Registrar.

JAN 19 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

JUN 5 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364176
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Mary Francine Quick

5. Date of Birth of Child (Month, day, year) May 27, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Woodney Quick
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Olean (City or town) New York (State or foreign country)
14. Exact Occupation Doctor of Medicine
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Stoddard
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Aspen (City or town) Wyoming (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 a. M. on the date and at the place stated above, and that personal particulars were furnished by Roy (First name) Quick (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Nampa Idaho Date May 27-1912

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 30 years, and that H. P. Ross (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

R. W. Quick Signature
54 Allen St. Midvale Utah P. O. Address

Subscribed and sworn to before me this 18th day of January, 1943

(SEAL) M. J. Peterson Notary Public, residing at Midvale Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

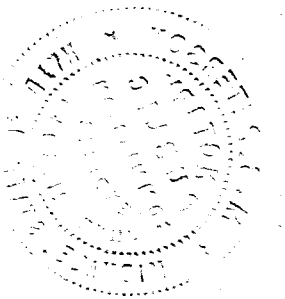
JAN 21 1943

JUN 22 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 36269
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Homestead
(c) Street Address or R.F.D. No. near St. Maries
(d) Name of Hospital or Maternity Home: Idaho None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City near St. Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Arthur Freeman Staeger

5. Date of Birth of Child (Month, day, year) May 16-1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Henry Staeger
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Red City (City or town) Michigan (State or foreign country)
14. Exact Occupation Homesteader
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Ella Freeman
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Altoona (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Florence Staeger (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature Mrs George C. Bailey M.D. Midwife Address R.3 Box 72, Eugene, Oregon Date Jan. 15, 1943.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1943 by Mabel E. Eaton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 15 Lake street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 15 Lake street
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint

4. FULL NAME OF CHILD LEONA MAE WHEELER

5. Date of Birth of Child (Month, day, year) 9-23-1912

6. Sex Female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William John Wheeler
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Springfield, Illinois (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Billesby Power Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelia Hagen
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Moscow, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 30 years, and that ____ (First name) (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

D. B. WRIGHT, Notary Public in and for Los Angeles County. My Commission Expires November 16, 1946

Elzora Wheeler Hyde Signature

1008- Sixth st., Santa Monica, Calif. P. O. Address

Subscribed and sworn to before me this 21st day of January, 1943

(SEAL) D B Wright Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1943 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365456
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Rockford
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Delivery at Home by midwife
(e) Mother's stay **BEFORE** delivery: IN THIS county 26 years 6 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Rockford
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Viola Olive Furniss

5. Date of Birth of Child (Month, day, year) JAN. 17, 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Edward Furniss

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Ogden (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adella Parsons

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Blackfoot (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children ~~of this mother: (a) At time of birth and including this child~~ 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that Elizabeth Furniss (First name) (Last name), who attended this birth now deceased (is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Edward Furniss Signature

414 SE 8th - Pendleton Oregon P. O. Address

Subscribed and sworn to before me this 13 day of Jan, 1943.

(SEAL) Irma Denison Notary Public, residing at Pendleton Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1943 by Maud E. Edlefsen, Registrar.

FEB 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

958 124-028-773

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365483
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENIA (b) City POST FALLS
(c) Street Address or R.F.D. No. RFD #2
(d) Name of Hospital or Maternity Home: BORN IN OWN HOME
(e) Mother's stay BEFORE delivery: IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENIA
(c) City POST FALLS
(d) Street Address or R.F.D. No. RFD #2
(e) How long has MOTHER lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) POST FALLS IDAHO

4. FULL NAME OF CHILD GEORGE EDWARD REYNOLDS

5. Date of Birth of Child (Month, day, year) July 24, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harvey Hoge Reynolds
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Lotterdale (City or town) Alabama USA (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Clementine Giles
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Monroe (City or town) Tennessee (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 29 years, and that Mr J. B. Milsaps (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H H Reynolds Signature
Post Falls Idaho P. O. Address

Subscribed and sworn to before me this 16 day of Jan, 1943
(SEAL) [signature] Notary Public, residing at Post Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1943

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-224005-391

365525

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365525
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Near Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City (Near) Plummer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yr. 7 mos.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Inez Marie Sneve

5. Date of Birth of Child (Month, day, year) Jan. 24, 1942

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Severin Carl Martin Sneve
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Brookings (City or town) So. Dakota (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Grace Crawford Sneve
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Cedar County (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that Dr. Cusick (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Severin Carl Martin Sneve Signature

Costa Mesa, California. P. O. Address

Subscribed and sworn to before me this 4th day of January, 1943

(SEAL) My comm. expires June 26, 1944. Notary Public, residing at Costa Mesa, California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JAN 30 1943 by Mabel Telfer, Registrar.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294222-010912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 365714

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365714
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 1055 Canal Ave
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 1055
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Clarice Brunt

5. Date of Birth of Child (Month, day, year) Aug. 22, 1912

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 9 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Brunt
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Christchurch (City or town) New Zealand (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Jane Rasicot
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Oxford (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Jerry (First name) Brunt (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Idaho Falls Ida Date 2/15/43

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1943

SEP 20 1962
SEP 24 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-208030-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365768
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Junction
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Junction Ida.

4. **FULL NAME OF CHILD** Marian Alice Benedict
5. Date of Birth of Child (Month, day, year) Feb. 8, 1912
6. Sex Female
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Richard Benedict
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace Winnebago Co. Illinois (City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business Cattle raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Palmer
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Mineral Ridge, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 30 years, and that ~~[illegible]~~ (First name) (Last name) E. R. Benedict, who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Benedict Signature
Leadore Idaho P. O. Address

Subscribed and sworn to before me this 6 day of February, 1943
(SEAL) May V. Stone Notary Public, residing at Leadore Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by Mary F. Elder, Registrar.

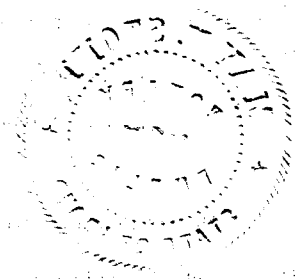
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



458-224-009-699

366070

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City SANDPOINT
(c) Street Address or R.F.D. No. 615 - 5th Ave
(d) Name of Hospital or Maternity Home: AT HOME.
(e) Mother's stay **BEFORE** delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City SANDPOINT
(d) Street Address or R.F.D. No. 615 - 5th Ave
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) 10 yrs.

4. FULL NAME OF CHILD MAE AUGES MEYERS

5. Date of Birth of Child (Month, day, year) SEPT. 24 1942

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOHN HENRY MEYERS
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace WILMS PORT CANADA (City or town) (State or foreign country)
14. Exact Occupation Working for the
15. Industry or Business City of Sandpoint Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY WRINKLE.
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Ireland Canada & U.S. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California
County of Sacramento } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5-8 years of age, that I have known this person for 30 years, and that Mae Auges Meyers (First name) (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mary Wrinkle Meyers Signature

RT 1 Box 210 B P. O. Address

Subscribed and sworn to before me this 15th day of February, 19 43

(SEAL) Ralph Perry Kelley Notary Public, residing at Rt. 1 Box 2163 Sacramento Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 22 1943 by Mary F. Eder, Registrar.

FEB 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

965-107-022-469

DELAYED

366088

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366088
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5mos 5yrs

3. RESIDENCE OF FATHER (city, state) Sugar City Idaho

4. FULL NAME OF CHILD Clara Roemer

5. Date of Birth of Child (Month, day, year) May 7, 1912

6. Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Conrad Roemer
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Dorn
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Michigan } ss.
County of Saginaw }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 30 years, and that Dr. (First name) Morehead (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Meyer Signature

1709 Vermont Street, Saginaw, Mich. Address

Subscribed and sworn to before me this 10th day of February, 1943.

(SEAL) ..... Notary Public, residing at Saginaw, Mich

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. Exps:

Received for filing on FEB 22 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED STAMP ADDED TO CERTIFICATE FACE 03/19/2020 RFJ

FEB 22 1943

FEB 21 1968
MAR 19 2020 X\

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE - GOVERNOR
DAVE JEPPESEN - DIRECTOR

JAMES B. AYDELOTTE – STATE REGISTRAR AND BUREAU CHIEF
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
DIVISION OF PUBLIC HEALTH
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-5980
FAX 208-332-7260

March 19, 2020

BARBARA SCHENK
6974 RIM ACRES LN
BOISE, ID 83709

Dear Ms. Schenk:

RE: Delayed Certificate of Birth for Clara Roemer
State File Number 1912-366088

This certificate was filed in our office on 02/22/1943, more than one year after the child's birth. When a certificate is filed in this office more than one year after the date of the event the record is identified as a "DELAYED" certificate.

Current requirements for placing a delayed certificate of birth on file include listing a description of the documentation used to support the facts of birth on the delayed birth certificate. Listing a description of supporting documentation was not a requirement the year this birth certificate was placed on file, therefore we do not have any additional information to provide to you.

We suggest that you keep a copy of this letter for your records to present to any agency who may want additional information regarding the delayed status of this birth certificate.

Sincerely,

Ryan Jensen

Ryan F. Jensen
Legal Amendments
Vital Statistics
(208) 334-4991

795103 021 319

366117

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Ida

4. FULL NAME OF CHILD Charles Harold Pinson

5. Date of Birth of Child (Month, day, year) Oct. 3. 1912

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Edward Pinson
11. Color or Race white **12.** Age at time of THIS birth yrs.
13. Birthplace (City or town) England (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Cartwright
17. Color or Race white **18.** Age at time of THIS birth yrs.
19. Birthplace (City or town) Englsnd (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 30 years, and that Nancy Jones (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Cartwright Pinson Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of February, 1943

(SEAL) Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 22 1943 by Mary H. Elder, Registrar.

FEB 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 19 1943

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County LATAH (b) City Princeton
   (c) Street Address or R.F.D.No. 104 Ho.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home / days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Princeton Idaho.
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address Tule Lake, Calif.

3. **RESIDENCE of FATHER** (city, state) Portland, Ore.

4. **FULL NAME OF CHILD** Dottie Orvetta Welch

5. Date of Birth (Month, day year) June 25, Nov. 1912

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Richard Welch
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Fireman, Eng.-on S.P.
15. Industry or Business Portland, Ore.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Neva Edith Kirkelie
17. Color or Race Wh.
18. Age at time of THIS birth 20 yrs
19. Birthplace Rock Port, Mo. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

26. (a) FEB 22 1943 (Date received) (b) (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Neva Edith Kirkelie, being first duly sworn, say that I am mother (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Neva Edith Kirkelie Signature

Tulelake, Calif. P. O. Address

Subscribed and sworn to before me on this 16th day of June 1943

(SEAL) Marjorie Eagle Notary Public, residing at Tulelake, Calif.

My Commission Expires January 29, 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 8 1975

MAR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be~~ received and ~~filed by~~ the ~~local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Almo Idaho

4. FULL NAME OF CHILD Milton Severnon Jones

5. Date of Birth of Child (Month, day, year) Nov. 23, 1912

6. Sex Male

7. Twin or Triplet —

If so—born 1st 2nd, 3rd 1st.

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jessie David Jones
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Raising cattle

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Eames
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Almo (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Florence E. Jones (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Anna Green - midwife Address deceased Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Florence E. Jones (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that Mrs. Anna Green (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Eames Jones Signature
P. O. Address

Subscribed and sworn to before me this 19th day of February, 1943

(SEAL) Henry W. Parker Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1949

FEB 20 1950.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

MAR 18 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. Rural
   (d) Name of Hospital of Maternity Home: —
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Virginia Marie Stoner

5. **DATE OF BIRTH** (Month, day, year) June 15 1942

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Stoner

11. Color or Race White

12. Age at time of THIS birth 58 yrs.

13. Birthplace Virginia
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Augusta Kinney

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Iowa
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol argyrol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8.30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Augusta Stoner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 18 1943 (Date received) (b) Mabel Helder (Registrar's signature)

25. Attendant's **OWN signature** J. H. Murray M.D. (D.O./Midwife, etc.)
and address Nampa Ida Date Mar 16 1943

27. Given name added on ..... by ..... (Registrar's signature)

MAR 1 5 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe: ✓

(2) Birth Injury? No

Describe: ✓

(3) Was mother given a Wasserman before delivery?

Yes..... No. X ..... Pos..... Neg.....

(e) Signature of Physician:

J H Murray M D

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367283
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: St. Lukes Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. R. F. D.
   (e) How long has **MOTHER** lived in Idaho? Five yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** Mary Louise Wilkins

5. Date of Birth (Month, day, year) Oct. 5, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Wilkins

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Clinton, Iowa (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Freiua Hartman

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace ..... Germany (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Octber nitrate

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 4
(c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Wilkins (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Joseph Stewart M.D. (D.O., Midwife, etc.) and address Boise Idaho Date Mch 19 1943

26. (a) MAR 23 1943 (Date received) (b) Carl Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

MAR 2 3 1943

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin [redacted]
   (c) City Twin Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls Idaho

4. **FULL NAME OF CHILD** Hazel Heinecke

5. Date of Birth of Child (Month, day, year) March 1, 1912

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Wyland Heinecke
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Jewell City Kansas (City or town) (State or foreign country)
14. Exact Occupation Lumbermill
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Stella Barrows
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Bicknell Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Bernardino

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 31 years, and that Dr. J. R. Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Heinecke Signature

West 25th St. Upland, California P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1943

(SEAL)

Notary Public, residing at ~~CLYDE D. DU VALL~~ UPLAND, CALIFORNIA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 - 1943 by Mark Feltner, Registrar.

MAR 3 1943

JUL 2 8 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367446
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Bancroft~~ Bannock
(c) City Bancroft
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bancroft, Idaho

4. **FULL NAME OF CHILD** John Enor Helstrom
5. Date of Birth of Child (Month, day, year) 12-17-1912
6. Sex male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Edward Helstrom
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Lindesberg (City or town) Sweden (State or foreign country)
14. Exact Occupation farming in ~~Sweden~~ Idaho.
15. Industry or Business & now keep Rooming House

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tilda Sanders
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Pallun (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as no Doctor (Mother, etc.) do not know where the woman is that helped.

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas
County of Shawnee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all his life years, and that Mrs. Wasco (First name) Miner (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x John Edward Helstrom Signature
520 East 7th Street Topeka, Kansas P. O. Address

Subscribed and sworn to before me this 9th day of February, 1943

(SEAL) R. M. Lee Notary Public, residing at Topeka, Kansas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 - 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1943 JUN 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-124028-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367481
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Worley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at my home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county two years one months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State ~~Portland~~ Idaho (b) County Kootenai
(c) ~~City~~ Idaho, Worley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Carl Stanley Yowell

5. Date of Birth of Child (Month, day, year) Nov. 24, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Glenn M. Yowell
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Sidney (City or town), Iowa (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Azina Mary Crawford
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Milroy (City or town), Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business School teacher before marriage

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash.
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 30 years, and that Dr. Lee Clanton (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Glenn Yowell Signature

330 N. 72 Seattle P. O. Address

Subscribed and sworn to before me this 15 day of Feb, 1943

(SEAL)

Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1943 by Maud Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795 129 044 446

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367487
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: birth in City- name of apartment forgotten
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Ida

4. **FULL NAME OF CHILD** Frank Milton Pierce

5. Date of Birth of Child (Month, day, year) April 29, 1912

6. Sex male

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Cyrus Milton Pierce
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Weiser (City or town) Idaho (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business self.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Norma Duffy
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Hamilton Ontario Canada (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Coos } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 46 years, and that Mrs (First name) Wertz (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Norma Duffy Pierce. Signature
1039 Harriet St Bunker Hill Sta P. O. Address
Marshfield. Oregon.

Subscribed and sworn to before me this 25th day of February, 1943

(SEAL) C C Wyatt Notary Public, residing at Marshfield Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My com expires 4/18/44

Received for filing on MAR 5 - 1943 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

623-219 007-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367491
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) [illegible]

4. **FULL NAME OF CHILD** Doris Maxine Ostrander

5. Date of Birth of Child (Month, day, year) Jan. 19 1943

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lionel B. Ostrander
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Tilsonburg, Ontario Canada (City or town) (State or foreign country)
14. Exact Occupation ~~Farmer~~ Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lola Elizabeth Talbot
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Hannibal Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 31 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L B Ostrander Signature
Rt. 3- Box 733 Tacoma Wash. P. O. Address

Subscribed and sworn to before me this 6 day of March, 19 43

(SEAL) Marion E. Moore Notary Public, residing at 4836 Hendricks Los Angeles Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar 5 1943 by [illegible], Registrar.

MAR 5 - 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1964

MAR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or ~~mother of the child is living or accessible, of the nearest of kin or~~ guardian, or some person having direct knowledge in the premises.

867-207.002-443

367672

United States
Department of Commerce
Bureau of the Census Adams

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Goodrich~~ (b) City Goodrich
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Goodrich~~ Adams
(c) City Goodrich
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Stella Eva Hopper
5. Date of Birth of Child (Month, day, year) Aug. 7, 1912
6. Sex Female
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Ellett Newton Hopper
11. Color or Race Am. White
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Grace Miller
17. Color or Race Am. White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. ~~Number of children of this mother: (a) At time of birth and including this child~~ 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Fresno } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that Mrs. Lang (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Ross Signature
172 Thesta Street, Fresno, California P. O. Address

Subscribed and sworn to before me this 6th. day of March, 1943

(SEAL) C. K. Barton Notary Public, residing at Fresno, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1943 by Mary F. Elder, Registrar.

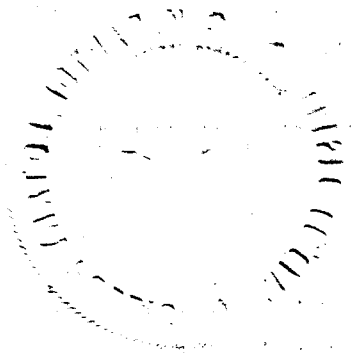
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



258-131-016-296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367689

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County (b) City Oakley

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County

(c) City Oakley

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Ida.

4. FULL NAME OF CHILD Ardmore Warren Snyder

5. Date of Birth of Child (Month, day, year) July 31, 1912

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leroy Louis Snyder

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Texas (City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business --

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Brown

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 1942 years of age, that I have known this person for 30 years, and that Elsie Louella (First name) Brown (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X J. M. Brown Uncle
Signature

P. O. Address

Subscribed and sworn to before me this 22 day of February, 1943.

(SEAL) Donald C. Potts Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-212-006-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367721
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Wapello
   (c) Street Address or R.F.D. No. R.F.D. 3
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years 7 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Wapello
   (d) Street Address or R.F.D. No. R.F.D. 3
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wapello, Idaho

4. **FULL NAME OF CHILD** Julia Farrel Hutchison
5. Date of Birth of Child (Month, day, year) Oct. 12, 1912
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Asberry Hutchison
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Indianola, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eleanor Bithell
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ophir, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ann (First name) Bithell (Last name), who is related as Grandmother (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Nevada
County of Churchill } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 30 years, and that Mary Ann (First name) Bithell (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Asberry Hutchison Signature
Route 1 Box 71A Fallon, Nevada P. O. Address

Subscribed and sworn to before me this 10 day of Mar, 1943

(SEAL) [signature], Notary Public, residing at Fallon Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-127 002-455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367809
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Goodrich
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 1 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Goodrich
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Goodrich, Idaho

4. **FULL NAME OF CHILD** Douglas Merwin Scrafford

5. Date of Birth of Child (Month, day, year) July 27, 1912

6. Sex male

7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Merritt Scrafford
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Port Leyden (City or town) New York (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy A. Dever
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Otisco (City or town) New York (State or foreign country)
20. Exact Occupation farmer
21. Industry or Business farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of New York
County of Cayuga } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 31 years, and that Dr Brown (First name) ..... (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy A. Dever Scrafford Signature
12 Clinton St Homer, N.Y. P. O. Address

Subscribed and sworn to before me this 11th day of March, 1943

(SEAL) Harold A. Banks, Notary Public, residing at Moravia, N.Y.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

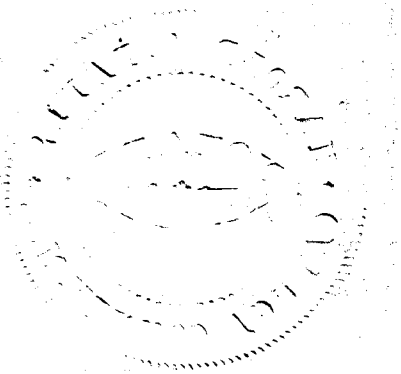
DEC 6 1972

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



495-110-033-214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369096
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rexburg,
   (d) Street Address or R.F.D. No. 348 So. 4th West
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** Henry Valentine Dietrich

5. Date of Birth of Child (Month, day, year) May 10, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Dietrich
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Untalangenegg, (City or town) Switzerland (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Baur
17. Color or Race W
18. Age at time of THIS birth 35 yrs.
19. Birthplace Uedendorf, (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Rosa Dietrich (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature no attendants M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Madison } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for years, and that no attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Dietrich Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 1943.

(SEAL) A. Olmstead, Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1943 by Mark T. Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

617-205-00-381

369162

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369162
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 18 years 11 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian Ida

4. **FULL NAME OF CHILD** Kathryn Pearl Wagoner

5. Date of Birth of Child (Month, day, year) March 5 - 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James Alfred Wagoner
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Alexandria Nebr. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tizah Alta Champlin
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Fairbury Ill. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Minnie McClellan Midwife Address 2815 W. Jeff Boise Date Oct 29

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1943 by Mary J. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-220-030-913

369188

369188

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369188
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Baker
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Baker
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Baker, Idaho

4. **FULL NAME OF CHILD** Bertie Pearl Foster

5. Date of Birth of Child (Month, day, year) July 20, 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Henry Foster
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Fairfield (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Agnes Rathbun
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Laramie (City or town) Wyoming (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Clark }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 30 years, and that Dr. (First name) Wright (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph H Foster Signature
5841 W. Col. Blvd. Portland, Ore. P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1943.

(SEAL)

E. A. McDonald, Notary Public, residing at Vancouver

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mary H Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date,~~ such report ~~may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-222-007-545

369205

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369205
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Picabo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Picabo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Picabo Idaho

4. **FULL NAME OF CHILD** Alice Sara Martin

5. Date of Birth of Child (Month, day, year) Mar 22 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy yes

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Lewis Martin
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bellevue (City or town) Ida (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Margaret Hunter
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Okla (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that Alice Lloyd (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Margaret Martin Signature
R. 2 Boise Idaho P. O. Address

Subscribed and sworn to before me this 19 day of April, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr. 19 1943 by Mabel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 9 1943

JUL 1 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369216

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369216
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At own residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) ~~Street Address~~ or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls Idaho

4. **FULL NAME OF CHILD** MILDRED NEVA HAYDON

5. Date of Birth of Child (Month, day, year) Feb 6 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Milton Haydon
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Granny Lick Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer & stockraiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lola May Manton
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Lewiston Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Elmore }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for years, and that Dr John (First name) Morgan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lola May Haydon Signature
Hammett Idaho. P. O. Address

Subscribed and sworn to before me this 19th day of April, 1943

(SEAL) Geo F. Robertson, Notary Public, residing at Glenns Ferry

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1943 by Mary F Elder, Registrar.

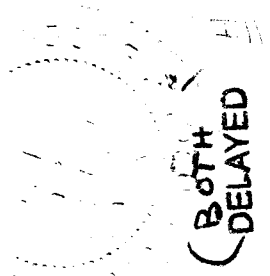
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-11-6016-683

369246

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369246
Local Reg. No. 77
Reg. Dist. No. 541

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Subbett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Subbett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LELAND STEVENSON

5. Date of Birth of Child (Month, day, year) March 16, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Miles Stevenson

11. Color or Race white

12. Age at time of THIS birth 36 yrs.

13. Birthplace Blomington (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna May Wilcox

17. Color or Race white

18. Age at time of THIS birth 32 yrs.

19. Birthplace Salt Lake City, (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8-A M. on the date and at the place stated above, and that personal particulars were furnished by Edna (First name) Stevenson (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Mrs (First name) Horne (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna May Stevenson Signature

165 W 1 S Preston, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of March, 1943

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 3-26-1943 by Effie W. Brannen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-123-022-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369426
Local Reg. No.
Reg. Dist. No.

APR 5 1943

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. P.O. Box 82
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 5 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Ida.

4. FULL NAME OF CHILD Don Dorcheus Hammond

5. Date of Birth of Child (Month, day, year) Oct. 23, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Tibbetts Hammond
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Centerville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Dorcheus
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Rexburg Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Gladys Hammond (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Sharp M.D. Midwife Address Ashton Idaho Date 8-24-43

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 5 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6 1969

APR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-222-209-219

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369479
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home of nurse Mrs. Nelson
   (e) Mothers stay **BEFORE** delivery: In THIS county 3 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint Idaho

4. **FULL NAME OF CHILD** Lois Ada Powell

5. Date of Birth of Child (Month, day, year) Nov. 22-1912

6. Sex fem.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert James Powell
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Waterloo (City or town) Iowa (State or foreign country)
14. Exact Occupation Mgr. Summer resort
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Bell Bardell
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Pecatonica (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Sacramento } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 29 years, and that Dr. (First name) Moody (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Bardell Powell Signature
2425 - J. Street P. O. Address
Sacramento Calif

Subscribed and sworn to before me this 11 day of March, 19 43

(SEAL) Julia D. Gray, Notary Public, residing at Sacramento

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mabel H Fulton, Registrar.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for ~~the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-12.003-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369539
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No. Grace, Idaho
   (d) Name of Hospital or Maternity Home: Ranch home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 5 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No. Grace, Idaho
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace, Idaho

4. **FULL NAME OF CHILD** Frederick Burton Van Vleet

5. Date of Birth of Child (Month, day, year) Sept. 27, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Osro Van Vleet
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Denver (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elda Maud Burton
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Kaysville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by Mary Gibbs (First name) (Last name), who is related as Great Aunt (Mother, etc.).

25. Attendant's **OWN** signature Mary Gibbs M.D. Midwife Address Grace, Idaho Date April 5, 1943

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

602-230-014-622 WV

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369566
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City near Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City near Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Inez Vivian Osburn

5. Date of Birth of Child (Month, day, year) April 30, 1912

6. Sex female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Cooper Osburn
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace near Newton, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zelma D. Osburn
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Warren County, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Texas
County of Galveston } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for years, and that Mrs Black (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zelma D. Osburn Signature

Byers Tex. P. O. Address

Subscribed and sworn to before me this 25 day of March, 1943

(SEAL) Mabel F. Horner Notary Public, residing at Friendswood Texas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1943 by Mavis E. Elder, Registrar.

APR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for record in~~ the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

622-230-014-622

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369567

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City or Town near Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City near Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (City, State) Caldwell, Idaho

4. FULL NAME OF CHILD Eunice Lillian Osburn

5. Date of Birth of Child (Month, day, year) April 30, 1912

6. Sex female 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Cooper Osburn
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace near Newton, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zelma D. Osburn
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Warren County, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Texas
County of Galveston } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for years, and that Mrs (First name) Black (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zelma D. Osburn Signature

Box Tex P. O. Address

Subscribed and sworn to before me this 25 day of March, 1943

(SEAL) Mabel F. Hoover Notary Public, residing at Friendswood Texas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1943 by Mabel F. Holder, Registrar.

APR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553 - 105-028-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369609
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. RFD #2
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 8 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. RFD #2
   (e) How long has **MOTHER** lived in Idaho? 15 yrs:

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida

4. **FULL NAME OF CHILD** Marion Alfred Nettleton

5. Date of Birth of Child (Month, day, year) Sept 5, 1912

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mons 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Clifford Nettleton

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Sidney (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Schwerer

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Baden-Baden (City or town) Germany (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~65~~ 64 years of age, that I have known this person for 30 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John C Nettleton Signature

P. O. Address

Subscribed and sworn to before me this 10th day of April, 1943.

(SEAL)

Evelyn M Thomas Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1943 by Maud F Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1943

JUL 10 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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916 204 (22-268)

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370778
Local Reg. No.
Reg. Dist. No.

APR 24 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rexburg
   (c) Street Address or R.F.D. No. R.F.D.No.3.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rexburg
   (d) Street Address or R.F.D. No. R.F.D.No.3
   (e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Lillie Jannett Rawson

5. Date of Birth of Child (Month, day, year) December 4th 1912

6. Sex Girl

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Rawson
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Swanwick Derbyshire, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Boyl
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~Joseph Walker~~ Ag Nos.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above and that personal particulars were furnished by Harry Rawson (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Dr Joseph Walker M.D. ~~Midwife~~ Address Rexburg Ida Ho Date 3/4/1912

AFFIDAVIT

State of Idaho } ss.
County of Madison }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that Dr. Joseph Walker (First name) (Last name), who attended this birth can Not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Rawson Signature

Rexburg, Idaho R.F.D. No.3. P. O. Address

Subscribed and sworn to before me this 29th day of March, 1943.

(SEAL) Daniel Ricks, Notary Public, residing at Rexburg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

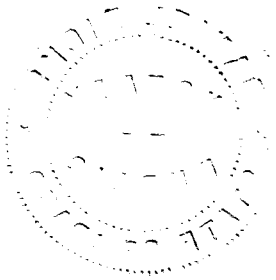
Received for filing on APR 24 1943 by Mary F Eldon, Registrar.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



495-209-042-714

370817

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 24 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Kimberley
(c) Street Address or R.F.D. No. Country
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberley Town of
(d) Street Address or R.F.D. No. Country
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Mae Mineau

5. Date of Birth of Child (Month, day, year) 9 May 1912

6. Sex Female **7.** Twin or Triplet N A If so—born 1st, 2nd, 3rd N A **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Mineau
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace (City or town) Province of Que. (State or foreign country)
14. Exact Occupation Farmer Agricultural
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Gauthier
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) Province of Que. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Province of Ontario
County of Kent } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that Dr. White (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur Mineau Signature

St. Joachim, Ontario P. O. Address

Subscribed and sworn to before me this 19th day of April, 1943

(SEAL) Ronald John King Notary Public, residing at Tilbury, Ont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on APR 26 1943 by Mary F. Elder, Registrar.

MAY 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-212002-855

370869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Goodrich
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Goodrich
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Goodrich, Idaho

4. **FULL NAME OF CHILD** Bertha Huelsenkamp

5. Date of Birth of Child (Month, day, year) Sept. 12, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Huelsenkamp
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Sulivan (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cherokee Henson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Vinita (City or town) Okla. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Arkansas
County of Polk } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for her life years, and that Mrs. (First name) Myers (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Henry Huelsenkamp Signature

Cove Ark P. O. Address

Subscribed and sworn to before me this 19th day of April, 1943

My Com. Ex. Jan. 27, 1946 (SEAL) J C Allen, Notary Public, residing at Cove, Ark.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

895 110 042-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370878
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Murtaugh
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Murtaugh
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Murtaugh, Idaho

4. **FULL NAME OF CHILD** Melvin Hinman

5. Date of Birth of Child (Month, day, year) April 10, 1912

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Morgan Lewis Hinman
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cynthia Ann Brown
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Richfield, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for ..... years, and that Martha (First name) Tolman (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orval Hinman Signature

Ludlow, Calif. P. O. Address

My Commission Expires September 20, 1943

Subscribed and sworn to before me this 20 day of April, 1943

(SEAL) William Hinman, Notary Public, residing at Barstow Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received~~ and filed by the ~~local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

25-107017-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370889
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clark (b) City Kilgore
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clark
   (c) City Kilgore
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 Yr. 6 Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Kilgore, Idaho

4. **FULL NAME OF CHILD** Gordon Henry Svart

5. Date of Birth of Child (Month, day, year) June 7, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gregers Hans Svart
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Heilsing (City or town) Denmark (State or foreign country) Europe
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lisa Burke
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Lily Lake (City or town) Wisconsin (State or foreign country)
20. Exact Occupation wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Gordon Henry Svart (Born alive, stillborn) at 7 P M. on the date and at the place stated above, and that personal particulars were furnished by Boletta (First name) Anderson (Last name), who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. 6 Midwife Address ____ Date ____

AFFIDAVIT

State of Washington
County of Chelan } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 30 years, and that Laura (First name) Burke (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Boletta Anderson, Signature

P. O. Address

Subscribed and sworn to before me this 23 day of March, 19 43

(SEAL) Madge Cushing, Notary Public, residing at Wenatchee Wn.

AUDITOR CHELAN COUNTY

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1943 by Maud Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-201 029-961

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 4 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371053
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City TROY
   (c) Street Address or R.F.D. No. R.F.D. #2
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City TROY
   (d) Street Address or R.F.D. No. R.F.D. 2
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** HETTIE MAE DYER

5. Date of Birth of Child (Month, day, year) MAR. 1, 1912

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOSEPH DYER
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace GRANGER (City or town) COUNTY TENNESSEE (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CLARA ROARK
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace CLAIBORNE (City or town) COUNTY, TENN. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by CLARA ROARK (First name) DYER (Last name), who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife ✓ — Address — Date

AFFIDAVIT

State of TENNESSEE
County of DAVIDSON } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that MRS. JANE (First name) BYERS (Last name) (midwife), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Roark Dyer Signature

300 CALDWELL AVE. KNOXVILLE, TENN. P. O. Address

Subscribed and sworn to before me this 30 day of April, 1943

(SEAL)

Ronald P Atkinson, Notary Public, residing at Nashville, Tenn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1943 by Maud Feldon, Registrar.

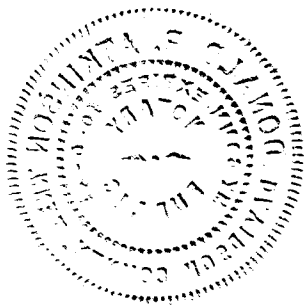
MAY 2 1943

FEB 4 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed in Chapter 2, Title 56,~~ Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



995-208-042-115

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 5 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371095
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County TWIN FALLS (b) City TWIN FALLS
(c) Street Address or R.F.D. No. R.F.D. # 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County TWIN FALLS
(c) City TWIN FALLS
(d) Street Address or R.F.D. No. R.F.D. # 2
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls Ida

4. FULL NAME OF CHILD CHARLOTTA CORNELIA RIEDEMAN

5. Date of Birth of Child (Month, day, year) MARCH 8, 1912

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME HENRY WILLIAM RIEDEMAN

11. Color or Race WHITE

12. Age at time of THIS birth 45 yrs.

13. Birthplace WYKE (City or town) HOLLAND (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CHARLOTTA CORNELIA JANSEN

17. Color or Race WHITE

18. Age at time of THIS birth 40 yrs.

19. Birthplace ZUTPHEN (City or town) HOLLAND (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Twin Falls } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 7 years of age, that I have known this person for 7 years, and that Henry W Slanchik (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotta C Riedeman Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1943

(SEAL)

Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1943 by Mary F Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294 108 040 336

371146

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Murray
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Child was born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 8 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Murray
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Eugene Rogers Kimball

5. Date of Birth of Child (Month, day, year) August 8, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Perry Robert Kimball
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Paris (City or town) Missouri (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Lucinda Lloyd
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Pony (City or town) Montana (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argerol
23. Number of children of this mother: (a) At time of birth and including this child seven (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bonner } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that George (First name) Lesher (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Lucinda Lesher
Signature

Clarks Fork, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of May, 19 43.

(SEAL)

Clarence Reed, Notary Public, residing at Clarks Fork, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1943 by Mavel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 113 006-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 371207

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371207
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Springfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Springfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. **RESIDENCE OF FATHER** (city, state) Springfield Idaho

4. **FULL NAME OF CHILD** Glen Baird

5. Date of Birth of Child (Month, day, year) April 15, 1912

6. Sex M.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Jake L Baird
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Westchester, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Goodenough
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Corin Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that Emma (First name) Gibson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Baird Signature
Route 2, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of June, 1943

(SEAL) Mildred C Hadley Notary Public, residing at NOTARY PUBLIC Residence Boise, Idaho
My Commission expires Nov. 5, 19..

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 1 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1949,

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466 172031-133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 14 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371272
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Cottonwood
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Cottonwood
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cottonwood, Idaho

4. **FULL NAME OF CHILD** Elmer Delos Moore

5. Date of Birth of Child (Month, day, year) May 22, 1912

6. Sex Male

7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Elmer Moore
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Flora (City or town) Oregon (State or foreign country)
14. Exact Occupation LABOR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Amanda Allen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Latah (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of [illegible] } ss.
County of Oregon }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that Mrs. Isic Nickerson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Swearingen Signature

P. O. Address

Subscribed and sworn to before me this 14 day of May, 1943

(SEAL) 1/14/43 L M Allison, Notary Public, residing at Shelburn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1943 by Mary E Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar for record in the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-224033 285 MAY 17 1943

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371278
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Sugar
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Sugar
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sugar Idaho

4. **FULL NAME OF CHILD** Estella Schwendiman

5. Date of Birth of Child (Month, day, year) April 24-1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian Schwendiman
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada E. Shepard
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Richmond - Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum — — — — — —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Ada (First name) Schwendiman (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address Deceased — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Dr Jas. R. Shupe (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 4th day of May, 1943

(SEAL) Jas Stoker, Notary Public, residing at Sugar Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 7 1967

MAY 1 6 1974

MAY 1 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-104-028-314

United States
Department of Commerce
Bureau of the Census

MAY 20 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372383
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur D'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Idaho

4. **FULL NAME OF CHILD** Earl Robert Keeling

5. Date of Birth of Child (Month, day, year) Dec. 4, 1912

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Lee Keeling
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Barry County (City or town) Missouri (State or foreign country)
14. Exact Occupation Watchman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Cameron
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Polk County (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Cowlitz }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 30 years, and that Mrs. G. E. Simpson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Cameron Keeling Signature
H 317 - 24th, Longview P.6 Address

Subscribed and sworn to before me this 17th day of May, 1943.

(SEAL) ____, Notary Public, residing at Longview, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1943 by Mavel F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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254-128-212-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372414
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony, Idaho

4. **FULL NAME OF CHILD** Edmund Ignatius Sedlmayer

5. Date of Birth of Child (Month, day, year) Dec. 28, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Nicholas Sedlmayer
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Mankato (City or town) Minnesota (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Mullen Flour Mills

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Bacher
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Central City (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Colorado
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for since birth years, and that unknown (First name) West, M.D. (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Bacher Signature
Rt.2, Box 22, Arvada, Colo. P. O. Address

Subscribed and sworn to before me this 20th day of May, 1943

(SEAL) A. B. Hawley, Notary Public, residing at CLERK OF COUNTY COURT JEFFERSON COUNTY, COLORADO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-209-034-789

372474

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 27 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County MINIDOKA (b) City RUPERT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County MINIDOKA
(c) City RUPERT
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) RUPERT IDA.

4. FULL NAME OF CHILD EVA JANE CRAYCROFT

5. Date of Birth of Child (Month, day, year) MARCH-9-1912

6. Sex FEMALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FREDERICK OLIVER CRAYCROFT
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace HULL (City or town) YORKSHIRE England (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** VILATE JANE PHILLIPS
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace STONE (City or town) OVIDIA IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 30 years, and that Florence (First name) Jones (Last name), who attended this birth 975-30 St. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Evelyn M Kershaw Signature
434-34 St P. O. Address

Subscribed and sworn to before me this 6 day of May, 1942

(SEAL) Ralph Poulton Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Nov. 25, 1945.

Received for filing on MAY 27 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

454-22-035-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372593
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Southwick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 2 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Southwick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Southwick Idaho

4. **FULL NAME OF CHILD** Maxine Margaret Herriges

5. Date of Birth of Child (Month, day, year) Feb 22, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Philip Herriges
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace St. Michaels Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Physician & Surgeon
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emma Schoofs
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Kewaskum Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 31 years, and that Philip (First name) Herriges (Last name) M.D., who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Emma Herriges Signature
2572 Newport Ave Long Beach Calif. P. O. Address

Subscribed and sworn to before me this 25th day of May, 1943

(SEAL) My Comm. Expires July 17 1943

L. B. Pinkham, Notary Public, residing at Long Beach

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 9 1943 by Mark F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-127-018-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372753
Local Reg. No.
Reg. Dist. No.

JUN 14 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Orofino
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Orofino
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Orofino, Idaho

4. **FULL NAME OF CHILD** John Wesley Smith

5. Date of Birth of Child (Month, day, year) Dec. 23, 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Wesley Smith
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Marshalltown, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ila Louretta Carper
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace South Whitley, Whitley Co. Ind. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Clearwater } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 31 years, and that no attendant except Father (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ila Le. Smith Signature

Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of June, 19 43

(SEAL) Carroll C. Black, Mrs. Ila Le. Smith, Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1943 by Mary F. Felger, Registrar.

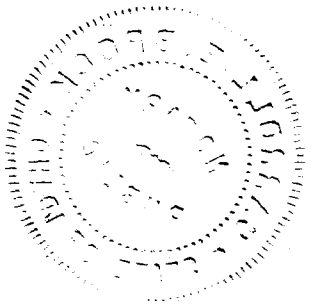
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



356 105 016-331

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374075
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home .....days.
   IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.
   (f) Mother's mailing address Albion, Idaho

3. **RESIDENCE of FATHER** (city, state) Albion, Ida.

4. **FULL NAME OF CHILD** Raymond Lewis

5. Date of Birth (Month, day year) Sept. 5, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum LeRoy Lewis
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Albion, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Clark
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Albion Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ....., who is (First name) (Last name)
related to this child as ..... (Mother, etc.)

26. (a) JUN 25 1943 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, H. L. Lewis, being first duly sworn, say that I am related (Related to (or) acquainted with)
Raymond Lewis (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1921 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. Storey (Name of attendant at birth), who attended
said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

H. L. Lewis Signature
R2 Parma Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of June 1943

(SEAL) [signature] Notary Public, residing at Parma, Idaho

JUL 1 1974

JAN 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-230-034-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374116
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Rupert
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Rupert
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Rupert

4. **FULL NAME OF CHILD** Ruby Dorothy Trent

5. Date of Birth of Child (Month, day, year) 5/30/1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Allen Madison Trent
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Tennessee (City or town) (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Arvilla Shaw
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Weiser (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the UNCLE (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for about 25 years years, and that Norton D. (First name) Fallas (Last name), who attended this birth (Now deceased) or (Cannot be located) I further sicte that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

N. D. Fallas Signature

3054 N.E. Glisan St. Portland Ore. P.O. Address

Subscribed and sworn to before me this 5th day of June, 1943.

(SEAL)

Emily Eisenhauer, Notary Public, residing at Portland Ore. Multnomah County.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1943 by Mary F. Elder Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

741-205020-296

374309

374308

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374308
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Rocky Bar
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Rocky Bar.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Myrtle Edith Guay.

5. Date of Birth of Child (Month, day, year) Aug 5, 1912

6. Sex F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Guay

11. Color or Race W.

12. Age at time of THIS birth 31 yrs.

13. Birthplace Muskegon, Mich. (City or town) (State or foreign country)

14. Exact Occupation Mail Carrier

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Brusow

17. Color or Race W.

18. Age at time of THIS birth 30 yrs.

19. Birthplace Marionette Wis. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 31 years, and that Mrs (First name) Potter (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Bersch. Signature

P. O. Address

Subscribed and sworn to before me this 22 day of July, 1943

(SEAL)

Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 22, 1943 by Mabel Peeler, Registrar.

JUL 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-211-001-621

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374315 374315
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 413 So. 5th
   (d) Name of Hospital or Maternity Home: St. Alphonsus 12
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 413 So. 5th
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Susana Benita Madarieta

5. Date of Birth of Child (Month, day, year) August 11, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ysidro Madarieta
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Espastar (City or town) Spain (State or foreign country)
14. Exact Occupation Sheep-raiser
15. Industry or Business Woolgrower

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ysidora Osa
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ondarrua (City or town) Spain (State or foreign country)
20. Exact Occupation Housemaid
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One /

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that Dr. George Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ysidora Osa Madarieta Signature
2503 State St. P. O. Address

Subscribed and sworn to before me this 26th day of July, 1943.

(SEAL) Evans Faulkner, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1966
SEP 10 1973
FEB 19 1974
MAR 4 1974

JUL 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-215001-389

374318

374318

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374318
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No. Rt. 3
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No. Rt. 3
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Estelle Anna Strickar

5. Date of Birth of Child (Month, day, year) August 15, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry W. Stricker
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Milwaukee (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Marie Thielke
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Tonawanda, New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 30 years, and that Ida (First name) Strickar (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Marie Strickar Signature

1202 N. 12th St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of July, 1943.

(SEAL)

J.M. Black, Justice of the Peace, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by Mary H. Edgar, Registrar.

JUL 2 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-124025-464

374386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Kooskia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kooskia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** David Ellis Taylor

5. Date of Birth of Child (Month, day, year) 6/24/12

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry J. Taylor
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Scranton Penn. (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma S. Moulton
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace (Guy) now Albion, Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 31 years, and that Mrs Mervle Bridgam (First name) (Last name), who attended this birth address unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Mc. Pherson Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 7th day of July, 19 43.

(SEAL) E F Cleveland, Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 12 1943 by Cora F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

582-226-022.559

374409

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. R#1
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No. R#1
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Thelma Emily Nyborg

5. Date of Birth of Child (Month, day, year) Feb. 26, 1912

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nephi Thorsted Nyborg
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Mt. Pleasant (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Christine Neilson
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Mt. Pleasant (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9. M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Fremont }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 31 years, and that Dr Lovie (First name) ____ (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilda Christine Nyborg Signature

____ P. O. Address

Subscribed and sworn to before me this 6th day of June, 1943

(SEAL) ____, Notary Public, residing at St. Anthony, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 - 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when ~~such report is accompanied by a certificate of the attending~~ physician or ~~midwife~~, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-204-029 866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374440
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 9 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) 18 yrs

4. **FULL NAME OF CHILD** Mildred Lenore Meakin
5. Date of Birth of Child (Month, day, year) Jan. 4, 1912
6. Sex Female
7. Twin or Triplet no — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Laurence Meakin
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Lanshire (City or town) England (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Valverta Hofschulte
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Brocht (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 31 years, and that Joseph Laurence Meakin (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary V Meakin Signature
1528 W. 28th St. Los Angeles Calif. P. O. Address

Commission Expires January 20, 1946

Subscribed and sworn to before me this 8th day of June, 1943

(SEAL) Olive M Gill, Notary Public, residing at 5473 Crenshaw Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 1967

JUL 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-226-028-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374447
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 927 Empire St
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 6 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 927 Empire St
   (e) How long has **MOTHER** lived in Idaho? 5 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida

4. **FULL NAME OF CHILD** Septema Adeline Bee
5. Date of Birth of Child (Month, day, year) Jan 26-1912
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John William Bee
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Lincoln (City or town) Illinois (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blenda Anderson
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Aitkin (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 a.M. on the date and at the place stated above, and that personal particulars were furnished by John (First name) Bee (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pierce } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that Dr John C Dwyer (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John William Bee Signature
2530 So G P. O. Address

Subscribed and sworn to before me this 9 day of July, 1943

(SEAL) H J Jackson, Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 217 014-219

374465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUL 14 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett Idaho

4. **FULL NAME OF CHILD** Marjorie Jewel Bell

5. Date of Birth of Child (Month, day, year) Sept. 17 1942

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elva Lee Bell
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Denver (City or town) Colorado (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ferne Violet Bardell
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Lawrence (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12:20 P M. on the date and at the place stated above, and that personal particulars were furnished by Ferne Violet Bell (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature R N Cummings M.D. ~~Midwife~~ Address Emmett Date 7-9-43

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and [illegible] (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1943 by Maud F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-205-007218

375773

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jerome (b) City Jerome
   (c) Street Address or R.F.D. No. Box 432
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years 1 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Jerome
   (d) Street Address or R.F.D. No. Box 432
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome, Ida.

4. **FULL NAME OF CHILD** Eleanor Editha Freeman

5. Date of Birth of Child (Month, day, year) Oct. 5, 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Harlow Freeman
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lathrop (City or town), Missouri (State or foreign country)
14. Exact Occupation Road Supervisor
15. Industry or Business Road Supervisor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Emma Smyth
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Jericho Springs, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lula E. (First name) Freeman (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Jerome } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that Dr John J. Schmershall (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lula E. Freeman Signature
Jerome Box 432 P. O. Address

Subscribed and sworn to before me this 28th day of July, 1943.

(SEAL) Geo. W. Blair, Notary Public, residing at Jerome Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1943 by Maud F. Blair, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-218-006-869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375785
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jennie Celestia Averill
5. Date of Birth of Child (Month, day, year) July 18, 1912
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wallace S. Averill
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Corning (City or town) Iowa (State or foreign country)
14. Exact Occupation U. S. Forest Ranger
15. Industry or Business U. S. Forest Service

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Celestia Horne
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Arimo (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that Celestia Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wallace S. Averill Signature
Albion, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of July, 1943

(SEAL) Henry W. Tucker, Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1943 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-209-039-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375812
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Verda Rose Pitkin

5. Date of Birth of Child (Month, day, year) Nov. 9. 1912

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alma Pitkin
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Millville, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary E. Wilson
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Graham (City or town) Arizona (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Franklin } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 30 years, and that name of midwife (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Pitkin Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of July, 1943

(SEAL) Ben R. Johnson, Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1943 by Mary Felder, Regis'

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-127-026-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375836
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Grant
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years 6 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Grant
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grant Idaho

4. **FULL NAME OF CHILD** Thomas Lessley Winder

5. Date of Birth of Child (Month, day, year) Oct 27 1912

6. Sex

7. Twin or Triplet

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD		MOTHER OF CHILD	
10. **FULL NAME**	Thomas H Winder	16. **FULL MAIDEN NAME**	Dorbuary Jane Wilson
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	34 yrs.	18. Age at time of THIS birth	21 yrs.
13. Birthplace (City or town)	Spanishfort Wah (State or foreign country)	19. Birthplace (City or town)	Grant, Idaho (State or foreign country)
14. Exact Occupation	Farmer	20. Exact Occupation	Farming
15. Industry or Business	Farming	21. Industry or Business	housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, still born) at 9 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Dorbuary Winder (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Nancy Roson M.D. Midwife Address Grant Idaho Date 10/27/1912

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Dorbuary Winder (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 31 years, and that Nancy (First name) Roson (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorbuary Jane Winder Signature
Menan Idaho P. O. Address

Subscribed and sworn to before me this 1st day of August, 1943

(SEAL) Thyrza Bennett, Notary Public, residing at Menan Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 5 1943 by Mavel F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-204 005-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375855
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City St. Maries
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City St. Maries, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Maries, Idaho

4. **FULL NAME OF CHILD** Bertha Marie Bel

5. Date of Birth of Child (Month, day, year) June 4, 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Emile Ernest Bel
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Payerne (City or town) Voud (State or foreign country) Switzerland
14. Exact Occupation Woodsworker
15. Industry or Business Logging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Angele Marie Broillet
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ponthaux (City or town) Switzerland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Benewah }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Elise Jacot (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emile E. Bel — Signature

St. Maries, Idaho — P. O. Address

Notary Public for the state of Idaho
Residing at St. Maries, Idaho
My commission expires February 24, 1945

Subscribed and sworn to before me this 31st day of July, 1943

(SEAL) Ray A Bowen, Notary Public, residing at St Maries

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

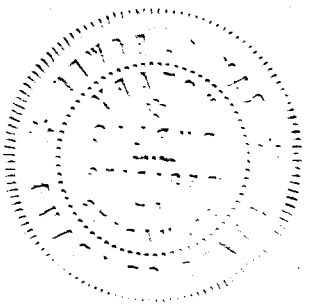
JUL 2 3 1969

AUG 1 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



843-214-028-757

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375914
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Belgrove
   (c) Street Address or R.F.D. No. (P.O. Rockford Bay)
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Belgrove
   (d) Street Address or R.F.D. No. (P.O. Rockford Bay)
   (e) How long has **MOTHER** lived in Idaho? 10 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Belgrove, Idaho

4. **FULL NAME OF CHILD** Ruby Eleanor Hult
5. Date of Birth of Child (Month, day, year) August 14, 1912
6. Sex Female
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd Sixth
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Adolph Hult
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Fergus Falls, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carolina Pearson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living Six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 9:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Carolina (First name) Hult (Last name), who is related as mother. (Mother, etc.)

25. Attendant's **OWN** signature Mrs. M. Gordon ~~M.D.~~ Midwife Address 1321 N 11 Coeur d'Alene Idaho Date May 31, 1943

State of (Worland) ss.
County of

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

K

Received for filing on AUG 9 1943 by Mavel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 859-217005-168

375923

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) St Maries Ida

4. FULL NAME OF CHILD Vera Viola Heriman

5. Date of Birth of Child (Month, day, year) Aug 17 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Richard Heriman
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace North Platte (City or town) Nebraska (State or foreign country)
14. Exact Occupation Lumbering
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda Viola Johnson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace White Fish (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda V. Dirker Signature

P. O. Address

Subscribed and sworn to before me this 26 day of April, 1943.

(SEAL) Earl F. Reynolds Notary Public, residing at Seattle, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1943 by Maud E. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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RELEASED

295-202-029-792

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375942
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Princeton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 11 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Princeton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Princeton, Idaho

4. **FULL NAME OF CHILD** Virginia Mae Sinclair
5. Date of Birth of Child (Month, day, year) March 2 1912
6. Sex Female
7. Twin or Triplet no — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William I Sinclair
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Joplin, (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Mae Gibson
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace McLouth (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that Mrs Henry (First name) Pankey (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Mae Sinclair Signature

Richfield, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of August, 1943.

(SEAL) George N Schwarzer, Notary Public, residing at Richfield, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1943 by Maud F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-231-006-844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377217
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Phyllis Leola Mitchell
5. Date of Birth of Child (Month, day, year) Oct. 31, 1912
6. Sex Female
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Clarence Meyers Mitchell
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Escalante, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Phyllis Humpherys
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Perris, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyol 10%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Phyllis H. Mitchell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutter M.D. ~~Midwife~~ Address Shelley Ida Date 5-10-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 24 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-21-029-799

377323

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlach
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home of parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlach
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlach, Idaho

4. **FULL NAME OF CHILD** Olivia Muncey

5. Date of Birth of Child (Month, day, year) Jan. 17, 1912

6. Sex Female

7. Twin or Triplet Sgl. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marion F. Muncey
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Blithdale (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah E. Griner
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Pittsburg (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.) Deceased

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Bonneville }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy one years of age, that I have known this person for thirty one years, and that Paul (First name) W easle (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E Griner Muncey Signature

1055 Bear Avenue, Idaho Falls, Ida. Address

Subscribed and sworn to before me this 21st day of August, 19 43

(SEAL) Olga Chestnoff Clerk of Probate Court residing at Idaho Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1943 by Mary Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

735-319-642-363

377388

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377388
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Kimberly
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home of parents.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Kimberly
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kimberly, Idaho

4. **FULL NAME OF CHILD** ORA FERN GLENN

5. Date of Birth of Child (Month, day, year) December 19, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Glenn
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary E. Tolman
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Twoele, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife — Address ____ Date ____

Dr. J. R. Morgan of Twin Falls, Idaho attended birth, there was no midwife.

AFFIDAVIT

State of Idaho
County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for thirty years, and that Dr. J. R. Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Glenn Signature

Kimberly, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of August, 1943.

(SEAL) Frank L. Stephan, Notary Public, residing at Twin Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1943 by Mary Mylar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847-106-216-219

377397

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377397
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Standrod
(c) Street Address or R.F.D. No. Standrod, Idaho
(d) Name of Hospital or Maternity Home: own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Standrod
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Standrod, Idaho

4. FULL NAME OF CHILD Leland Lorenzo Hugentobler

5. Date of Birth of Child (Month, day, year) 3/6/1912

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Edward Hugentobler
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Salina (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Alla Barnes
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above and that personal particulars were furnished by Alla (First name) Hugentobler (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Olive Badger ~~M.D.~~ Midwife Address Acequia, Idaho Date 8/29/43

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1943 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-121-004-229

377416

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:** P.O. Soda Springs
   (a) County Bear Lake (b) City 8-Mile
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City 8-Mile P.O. Soda Springs
   (d) Street address or R. F. D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.
   (f) Mother's mailing address (For registration notice):
   Soda Springs
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Springs

4. **FULL NAME OF CHILD** Hyrum Elon Foster

5. **DATE OF BIRTH** (Month, day, year) July 21, 1912

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Hyrum Foster
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace Star Valley, Wyoming (City or Town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Jane Skinner
17. Color or Race W
18. Age at time of THIS birth 23 yrs.
19. Birthplace Idaho (City or Town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4: A. M. on the date and at the place stated above, and that personal particulars were furnished by Catherine Foster (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 4 1943 (Date received) (b) Mabel Kackley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ellis Kackley M. D. (D. O., Midwife, etc.)
Ellis Kackley, M.D.
and address Soda Springs Date 8/25/43

SEP 7 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

215-22-0038-958

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377446
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City New Plymouth
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City New Plymouth
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) New Plymouth Idaho

4. **FULL NAME OF CHILD** Alice May Bankus

5. Date of Birth of Child (Month, day, year) Feb 28 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Ad Bankus
11. Color or Race White American
12. Age at time of THIS birth 31 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mable Agnes Peglar
17. Color or Race White American
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lansing (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Alameda } ss.

I, the undersigned, being first duly sworn, say that I am the John ad Bankus of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that Hattie Richards, who attended this birth cannot be located further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Father, Mother, etc.) (First name) (Last name) (Is now deceased) or (Cannot be located)

x John ad Bankus Signature
1217-53rd St Emeryville P. O. Address

Subscribed and sworn to before me this 19 day of July, 1943

(SEAL) Alfred L. Lorentz, Notary Public, residing at Emeryville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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553-29-309-717

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377460
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Priest River
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Priest River
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Priest River, Ida

4. **FULL NAME OF CHILD** Romelda Veltri

5. Date of Birth of Child (Month, day, year) May 19 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Guiseppi Veltri
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Grimaldi Italy (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carmella Pagnotta
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Grimaldi Italy (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bonner } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 31 years, and that Elizabeth Keyser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Giuseppe Veltri Signature
Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 3rd. day of September, 19 43

(SEAL) Georgia Hallsman, Notary Public, residing at Priest River Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 10 1943 by Mabel Keeler, Registrar.

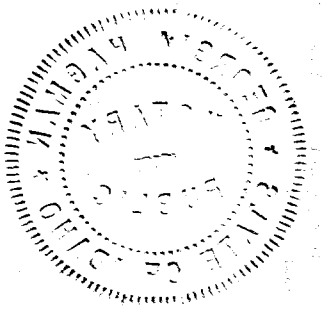
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-209-035-789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377519
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Southwick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Southwick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Southwick, Idaho

4. **FULL NAME OF CHILD** Mary Maxine McCollum

5. Date of Birth of Child (Month, day, year) April 9 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Luther McCollum
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Webber (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Elizabeth Phillips
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Marysville (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

Canada
Province of Alberta } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 29 years, and that Mr. — Herriges (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Elizabeth McCollum Signature
Gen. Del. South Edmonton, Alberta P. O. Address

Subscribed and sworn to before me this 27th day of August, 1943

(SEAL) Athelstan Bissett, Notary Public, residing at Edmonton, Alberta

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1943 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-212-014-394

377567

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City New Plymouth
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EDNA LUCILE CHENEY

5. Date of Birth of Child (Month, day, year) Feb 12 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Homer Cheney
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Bee Keeper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Marion Zimmerman
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace New Plymouth Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for life years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Marion Cheney Signature

Union Oregon Box 374 P. O. Address

Subscribed and sworn to before me this 13 day of February, 1943

(SEAL) O P Day Notary Public, residing at New Plymouth, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1943 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1974

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691-120-01K-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377610
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (now Gem) (b) City Emmett
   (c) Street Address or R.F.D. No. Gem Rd.
   (d) Name of Hospital or Maternity Home: Child born in home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 1 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon (Gem)
   (c) City Emmett
   (d) Street Address or R.F.D. No. Gem Rd.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett Ida

4. **FULL NAME OF CHILD** Walter Neal Francis

5. Date of Birth of Child (Month, day, year) Apr. 20, 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward D. Francis
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Linn Creek (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Ella Porter
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Alliance (City or town) Nebr. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and Including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5-P M. on the date and at the place stated above, and that personal particulars were furnished by Ella (First name) Francis (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature R N Cummings M.D. ~~Midwife~~ Address Emmett Date 9-16-42

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1943 by Mabel Yelder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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378959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378959
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Dubois
   (c) Street Address or R.F.D. No. No street address
   (d) Name of Hospital or Maternity Home: private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Dubois
   (d) Street Address or R.F.D. No. No street address
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dubois, Idaho.

4. **FULL NAME OF CHILD** Mae Elaine Fitch

5. Date of Birth of Child (Month, day, year) Nov. 24, 1912

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earl L. Fitch
11. Color or Race American
12. Age at time of THIS birth 29 yrs.
13. Birthplace Kinsman, Ohio (City or town) (State or foreign country)
14. Exact Occupation U. P. R. R. Employee
15. Industry or Business Fireman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida M. Root
17. Color or Race American
18. Age at time of THIS birth 27 yrs.
19. Birthplace Kinsman, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife Address _____ Date _____

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that Dr. Ford (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ida M. Fitch Signature

217 N. Hayes, Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 5th day of October, 19 43

(SEAL) Grace Bistline, Notary Public, residing at Pocatello, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 1943 by _____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 111 016-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379036
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CASSIA (b) City BURLEY
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CASSIA
   (c) City BURLEY
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) BURLEY, IDAHO

4. **FULL NAME OF CHILD** BOYD ROBERT BAILEY

5. Date of Birth of Child (Month, day, year) 6 - 11 - 1912

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** EARE ROBERT BAILEY
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace UPTON (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FLORA BELL ROBINSON
17. Color or Race WHITE
18. Age at time of THIS birth 17 yrs.
19. Birthplace ELBA (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by FLORA (First name) BAILEY (Last name), who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Mary M. Robinson M.D. Midwife Address Route 2 Burley, Idaho. Date 6-11-12

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Cassia }

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

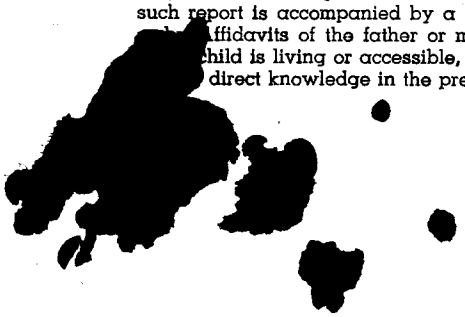
MAR 21 1972
AUG 30 1973

OCT 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, affidavits of the father or mother of the child, or if neither father or mother child is living or accessible, of the nearest of kin or guardian, or some person direct knowledge in the premises.



718-705005-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379081
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City St. Maries
   (c) Street Address or R.F.D. No. - -
   (d) Name of Hospital or Maternity Home: my home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City St. Maries
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Maries, Idaho

4. **FULL NAME OF CHILD** Edwin Milton Payne

5. Date of Birth of Child (Month, day, year) Nov 5, 1912.

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Edwin Payne
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Toledo (City or town) Ill. (State or foreign country)
14. Exact Occupation Shingle Weaver -
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Anna Keeling
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Cassville (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7a M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Clara Payne (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Owen D. Platt M.D. Midwife Address St. Maries Ida. Date 10-13-43

AFFIDAVIT

State of Washington } ss.
County of Snohomish }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that Dr. (First name) Platt (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Keeling Payne Signature
Box 621- Marysville, Wash. P. O. Address

Subscribed and sworn to before me this 5th day of October, 1943

(SEAL)

Emory C Lathrop, Notary Public, residing at Marysville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-202028-717

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380370
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marie Marie Williams

5. Date of Birth of Child (Month, day, year) Nov. 2, 1912

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Colonel Harry Williams
11. Color or Race white **12.** Age at time of THIS birth 63 yrs.
13. Birthplace Lancaster (City or town) Missouri (State or foreign country)
14. Exact Occupation Bank Watchman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Grace Papineau
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Idaho (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature Astoria A Cole M.D. Midwife Address Cataldo Date June 16-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 31 1973
JAN 31 1974

OCT 22 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated; when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466 230001 719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380432
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. #2
(e) How long has **MOTHER** lived in Idaho? most of life yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Wahneta Ruth Moore
5. Date of Birth of Child (Month, day, year) June-30-1912
6. Sex female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Moore
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Melvern (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Orr Parks
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Nevada (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 31 years, and that [illegible] Neal (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Ernest Alvin Watkins Signature
McCall Idaho P. O. Address

Subscribed and sworn to before me this 19 day of October 1943
(SEAL) G. G. Goodman Notary Public, residing at McCall Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1943 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 1912-7254

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380438
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Elk river Idaho.
   (c) Street Address or R.F.D. No. 8 miles on Farm
   (d) Name of Hospital or Maternity Home: None.
   (e) Mothers stay **BEFORE** delivery: In THIS county 2 years years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Elk River.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Anchorage Alaska.

4. **FULL NAME OF CHILD** Pearl Lillian Soper.

5. Date of Birth of Child (Month, day, year) 1912 Sep. 30.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carman A Soper
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Marlette Mich. (City or town) (State or foreign country)
14. Exact Occupation Carpenter Helper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Corbin
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Linton, N. Dakota. (City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address McCall) Idaho. Date Mrs. Lillian McGarvey Oct-19. 1943.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Territory of Alaska
County of Anchorage Precinct ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 49 years, and that Mrs. Lillian McGarvey (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Laura Jacobs Signature
Box 2268, Anchorage, Alaska P. O. Address

Subscribed and sworn to before me this 19th day of October, 19 43.

(SEAL) Ruth K. [illegible], Notary Public, residing at Anchorage, Aaa.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912 Idaho Code Annotated)
My Commission Expires December 10, 1945

Received for filing on OCT 28 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 29 1943
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-205022 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380443
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Marysville
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Marysville
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** MARTHA MAURINE SHAW

5. Date of Birth of Child (Month, day, year) 11/5/12

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oliver Luther Shaw
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Machine Repair Shop (self)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Ann Davenport
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. ~~on the date~~ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that Dr. C. W. Hummel (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Minnie A. Shaw Signature

314 North 5th St., Montebello, Calif. P. O. Address

Subscribed and sworn to before me this 22nd day of October, 19 43

(SEAL) Pearl G. Barker Notary Public, residing at Montebello, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1943 by Mabel Fields, Registrar.

OCT 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380463
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d' Alene
   (c) Street Address or R.F.D. No. R.R. #3
   (d) Name of Hospital or Maternity Home: Own personal home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 9 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d' Alene
   (d) Street Address or R.F.D. No. R.R. #3
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Dallas Alfred Newell

5. Date of Birth of Child (Month, day, year) October 11, 1912

6. Sex M

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charles Alfred Newell
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Correctionville, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Bell Bucker
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace St. Johns, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Charles (First name) Newell (Last name), who is related as Father. (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 31 years, and that Dr. (First name) Holden (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Newell Signature
Coeur d'Alene Idaho Address

Subscribed and sworn to before me this 26th day of October, 1943

(SEAL) Evelyn M. Thomas, Notary Public, residing at Coeur d'Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

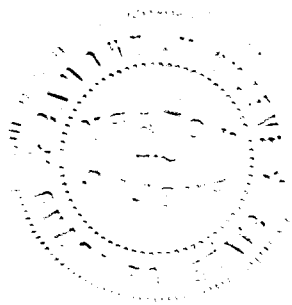
Received for filing on OCT 28 1943 by Mabel Fylan, Registrar.

OCT 29 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



239-113024-514

380567 380567

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380567
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Bliss
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 58 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Bliss
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bliss, Idaho

4. **FULL NAME OF CHILD** James Preston Bliss

5. Date of Birth of Child (Month, day, year) Aug 13-1912

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Miles Bliss
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Bliss (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Dora Varden
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Soldier, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 28 years of age, that I have known this person for life years, and that Mrs. Bliss (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Effie Dora Berrochoa Signature
Mt. Home, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of Dec. 19 43

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1943 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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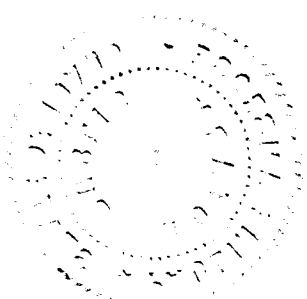


249-228007-298

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380652
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City near Soldier
   (c) Street Address or R.F.D. No. Soldier
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City near Soldier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** ELOISE ELIZABETH SMITH

5. Date of Birth of Child (Month, day, year) Dec. 28, 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM J. SMITH
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Bloomington, Illinois (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ALMIRA BELLE BRYAN
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Homer, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of King }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 30 years, and that Amy Holland (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Almira Belle Bryan Smith Signature

2304 W. Myrtle, Seattle 6, Wash. P. O. Address

Subscribed and sworn to before me this 9th day of November, 19 43.

(SEAL) Galen E. Clark, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1943 by Mabel Miller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

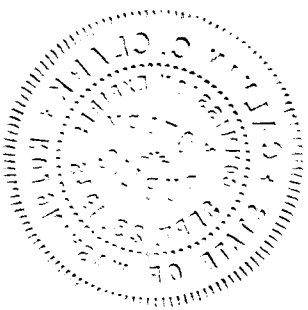
NOV 15 1943

JUL 1 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319 124044 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380675
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Mineral
   (c) Street Address or R.F.D. No. Rural Home
   (d) Name of Hospital or Maternity Home: In own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years 6 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Mineral
   (d) Street Address or R.F.D. No. Rural Home
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mineral, Ida.

4. **FULL NAME OF CHILD** William Clifford Tarter

5. Date of Birth of Child (Month, day, year) Oct. 24, 1912

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alexander Davis Tarter
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Newbridge (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Rodelia Hill
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Baker (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon
County of Union } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that Lorena (First name) Perkins (Last name), who attended this birth at Cascade, Ida. (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel R Hord. Signature
Union, Oregon P. O. Address

Subscribed and sworn to before me this 3rd day of November, 19 43.

(SEAL) Lucy A. Smith, Notary Public, residing at Union, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15 1943
FEB 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-224-028-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380747
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Cover De Allne
(c) Street Address or R.F.D. No. B St.
(d) Name of Hospital or Maternity Home: home.
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State U S A. (b) County Kootenai
(c) City Cover De Allen Idaho.
(d) Street Address or R.F.D. No. B St.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Helen Alfreda Sanders.
5. Date of Birth of Child (Month, day, year) 4-24-'12
6. Sex Female
7. Twin or Triplet No If so—born [redacted]
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George A Sanders
11. Color or Race W
12. Age at time of THIS birth 29 yrs.
13. Birthplace De Moines (City or town) Iowa. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alfreda [redacted] WATKINS
17. Color or Race W
18. Age at time of THIS birth 21 yrs.
19. Birthplace Little Bay (City or town) Newfoundland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Mrs M. Woodies.
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Alfreda Sanders (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash.
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that ~~Helen~~ Martha ~~Alfreda~~ (First name) ~~Sanders~~ Wood (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfreda Sanders Signature
6401 Flora Ave P. O. Address

Subscribed and sworn to before me this 15th July day of Seattle Wash, 1943

(SEAL) O. W. Nicholson, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 24 1943
NOV 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to said date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-128-047-693

381952

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 602 4th Ave. W.
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 602 4th Ave. W.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Howard Williams Gerrish

5. Date of Birth of Child (Month, day, year) Sept. 28, 1912

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME George Wesley Gerrish
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Mc Kinney (City or town), Texas (State or foreign country)
14. Exact Occupation Retail Merchant
15. Industry or Business New + Used Furniture

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Williams
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Mc Kinney (City or town), Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 31 years, and that Doctor John Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Williams Gerrish Signature
252 6th Ave. N., Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of December, 1943.
(SEAL) Betty Leonard Notary Public, residing at Twin Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ 1943 by ____, Registrar.

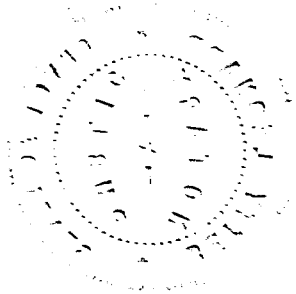
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



553-215-009-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381954
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No. 604 - No. 6th Street
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 3 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No. 604 - No. 6th Street
   (e) How long has **MOTHER** lived in Idaho? 2 1/4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint Idaho

4. **FULL NAME OF CHILD** Harriet Emma Nelson

5. Date of Birth of Child (Month, day, year) July 15 - 1942

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Robert Nelson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Neenah - Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Owner of mens Clothing Store
15. Industry or Business Operating Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Maria Vincent
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Roberts - Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Yakima }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 31 years, and that Dr. Malcolm McKinnon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/ Clara V. Nelson Signature

NOV 26 1945 P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at Yakima, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1945 by Mary Helen Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

614-206-028-331

381992

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County..... (b) City Lane
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..... (b) County.....
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elthea Gerree Wadley

5. Date of Birth of Child (Month, day, year) Jan. 6, 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jordan Oscar Wadley

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Pike County, (City or town) Indiana (State or foreign country)

14. Exact Occupation Lumber worker

15. Industry or Business In woods

MOTHER OF CHILD

16. FULL MAIDEN NAME Mae Mc Claughry

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Polk County, (City or town) Missouri (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for.....years, and that cannot remember name of docter (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jordan O Wadley Signature

Route 1, Brooks, Oregon P. O. Address

Subscribed and sworn to before me this 29th day of November, 1943.

(SEAL) Edna M. Daine Notary Public, residing at San Diego, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 2 1973

VOL 0 I NVP

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has~~ occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-107028-959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

382024

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootna (b) City Coeur D'alene
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: at Mothers home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county 3 years 3 months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Wash. (b) County Spokane
(c) City Cheney
(d) Street Address or R.F.D. No. 722 1st St.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Cheney Wash.

3. RESIDENCE OF FATHER (city, state) Cheney Wn.

4. FULL NAME OF CHILD George V. Llewellyn Jr.

5. Date of Birth (Month, day, year) July-9-1912

6. Sex boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Vivian Llewellyn
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Woodlawn Farm Oshkosh Wis. (City or town) (State or foreign country)
14. Exact Occupation Lumber grader
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Reich
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Ortonville Minnesota (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 8 1943 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth R. Llewellyn being first duly sworn, say that I am the Mother (Related to (or) acquainted with) of George V. Llewellyn (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hunter (Name of attendant at birth), who attended said birth is Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth R. Llewellyn Name
1916 E Third Ave - Spokane P. O. Address

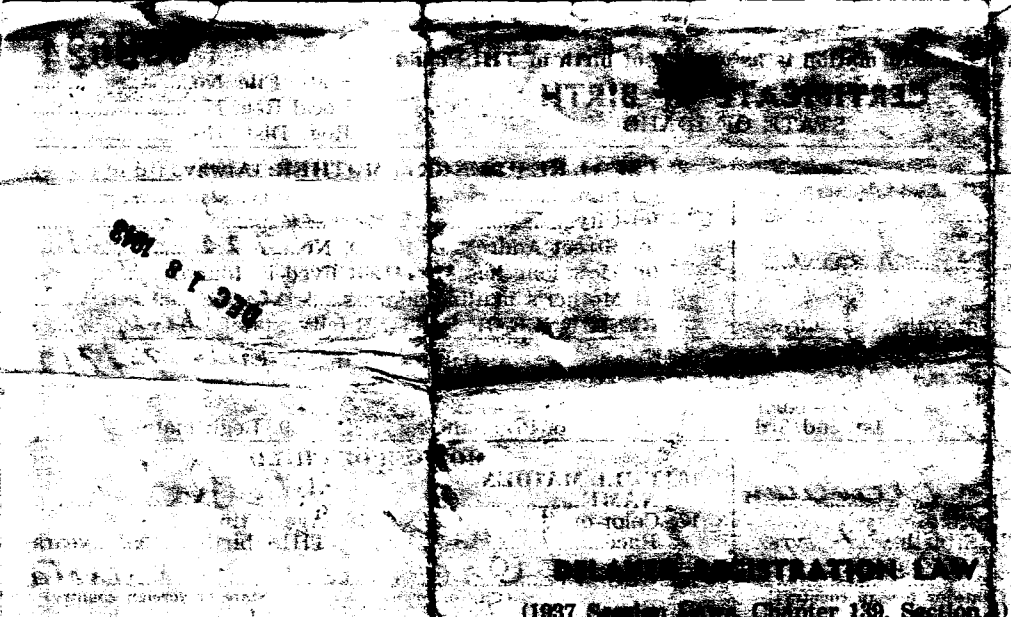
Subscribed and sworn to before me on this 26th day of November 1943

(SEAL) [signature] Notary Public, residing at Spokane

My Com. Expires 4-11-47

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW



(1937 Session Laws, Chapter 139, Section [illegible])

Where the birth of a child born prior to the effective date of Chapter [illegible], 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such [illegible] in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

168-216-v 32-343

382068

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Richfield
   (c) Street Address or R.F.D. No. F. R. D. No. 1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Richfield
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 6 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Stella Ida Johnson

5. Date of Birth of Child (Month, day, year) 12-16-12

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis Jacob Johnson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Spring City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Tucker
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Big Branch, (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date

AFFIDAVIT

State of Idaho } ss.
County of Lincoln }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 31 years, and that Dr. (First name) Zeller (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis Jacob Johnson Signature

Richfield IDAHO P. O. Address

Subscribed and sworn to before me this 15th day of December, 1943.

(SEAL) Howard L. Adkins, ~~Notary Public~~, residing at Shoshone, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

PROBATE JUDGE OF LINCOLN COUNTY, IDAHO

Received for filing on DEC 18 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869-111-042-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Dont Know (b) City TWIN-FALLS
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: RESIDENCE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County —
   (c) City TWIN FALLS
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) TWIN-FALLS-IDAHO

4. **FULL NAME OF CHILD** GUY WILLIAM HORNER
5. Date of Birth of Child (Month, day, year) 11/11/1912
6. Sex MALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM-MILTON HORNER
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace BRIMFIELD (City or town) ILL (State or foreign country)
14. Exact Occupation LABOR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ETTA-SARGENT
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace LACONA (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSE-WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wisconsin } ss.
County of Brown }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that DR MARGON-MD. (First name) (Last name), who attended this birth IS-NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Etta Horner, Signature
532 W. MASON ST. GREEN BAY WIS. P.O. Address

Subscribed and sworn to before me this ..... day of NOV 12 '43, 19.....

(SEAL) [signature], Notary Public, residing at Green Bay

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code as stated.)

My commission expires May 27, 19..

Received for filing on DEC 24 1943 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1943

MAY 29 1951

NOV 22 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

456 129 014 165

388106

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388106
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Leo Edward Mefford

5. Date of Birth of Child (Month, day, year) September 29, 192

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Hayes Mefford
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Waverly (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Elizabeth Jones
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Pl. Town (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by Ella Elizabeth (First name) Mefford (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ella Jones Bay M.D. Midwife Address Caldwell Date Dec 24/1943

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1943

1 2 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383304
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Canfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Canfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hermiston Ore.

4. **FULL NAME OF CHILD** Ardis Bernice Parsley

5. Date of Birth of Child (Month, day, year) Mar. 22. 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Parks Parsley
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Tulsa (City or town) Oklahoma (State or foreign country)
14. Exact Occupation Stock raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu L. Lacey
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Hart (City or town) Mich. (State or foreign country)
20. Exact Occupation Cook
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Idaho } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that Elizar (First name) Jackson (Last name) (maid wife) who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulu L. Mann Signature

Stites Idaho P. O. Address

Subscribed and sworn to before me this 4th day of January, 1944.

(SEAL)

V. B. Anderson, Notary Public, residing at Stites, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1944 by Mary Hyder, Registrar.

JAN 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-22-7022 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383315
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 29 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chester, Idaho

4. **FULL NAME OF CHILD** Laura Curr

5. Date of Birth of Child (Month, day, year) Dec. 27, 1912

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ezra W. Curr
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Sophia Hill
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Egin, Idaho (City or town) (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Fremont } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that Addie Hathaway (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice S Curr Signature

Chester, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of January, 19 44.

(SEAL) O. Meservy Probate Judge, ~~Notary Public, Residing~~ at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1944 by Mabel Meyer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1974

JAN 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-204 044 414

383375

United States Department of Commerce Bureau of the Census

JAN 17 1944 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Grace Maudie Phillips

5. Date of Birth of Child (Month, day, year) MARCH 4th 1912

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy FULL TERM. 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** THOMAS. FRANK. PHILLIPS
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace OSAGE (City or town) ARKANSAS (State or foreign country)
14. Exact Occupation Railroad laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINTIE MELVINIA MADEWELL (Phillips)
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace GATHER COVE. ARKANSAS. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of ~~this mother:~~ (a) ~~At time of birth and including this child~~ 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Illinois } ss.
County of Cook }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 31 years years, and that (First name) Doctor (Last name), who attended this birth (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Ritter Signature

3548 Carroll ave. Chicago Ill. P. O. Address

Subscribed and sworn to before me this 28 day of December, 1943

(SEAL)

Thomas W Tyrrell, Notary Public, residing at Cook Co Chicago Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires 11/23/1944.

Received for filing on JAN 19 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 202003 349

384437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BANNOCK (b) City Robin
   (c) Street Address or R.F.D. No. ✓
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BANNOCK
   (c) City Robin
   (d) Street Address or R.F.D. No. ✓
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) POCATELLO, IDAHO

4. **FULL NAME OF CHILD** MARY Louise HALL

5. Date of Birth of Child (Month, day, year) JULY 2ND 1912

6. Sex FEMALE.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ARTHUR. P. HALL
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace RICHMOND (City or town) VIRGINIA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ELIZABETH CURTIS
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace S MAPLETON (City or town), UTAH, (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child THREE (b) Born alive and now living FOUR

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of BANNOCK } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for [redacted] 31 years, and that MRS MARLEY (MIDWIFE) (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Arthur P Hall Signature
1222 No. Main, Pocatello, Ida. P. O. Address

Subscribed and sworn to before me this 10th day of January, 1944.

(SEAL) R. E. Parker, Notary Public, residing at Pocatello, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1944 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau~~ of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-103001-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384448
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Star
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Star
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Star

4. **FULL NAME OF CHILD** Allan Earl Bunnell

5. Date of Birth of Child (Month, day, year) Jan 3rd 1912

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earl Harrison Bunnell
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Ethel Doty
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace ~~Nebraska~~ Valentine Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for Birth years, and that Margret Bunnell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Ethel Doty Bunnell Signature

My Commission Expires Dec 23, 1946 73 American Av., Long Beach P. O. Address

Subscribed and sworn to before me this 17th day of January, 1944

(SEAL) W.V. Kellogg W.V. Kellogg, Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295 214040-143

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384458
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 14 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Mullan Idaho

3. **RESIDENCE of FATHER** (city, state): Mullan Ida.

4. **FULL NAME OF CHILD** Irja Mary Sinnemaki

5. Date of Birth (Month, day, year) Dec. 14, 1912

6. [redacted] female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Matt Sinnemaki
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Kuortane Wassa Lanni Finland (City or town) (State or foreign country)
14. Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lempi Amanda Jutila
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Kortesjarvi Wassa Finland (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum boric
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:00 a.M. on the date and at the place stated above, and that personal particulars were furnished by Lempi A. Sinnemaki (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 28 1944 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Lempi A. Sinnemaki, being first duly sworn, say that I am related to (Related to (or) acquainted with) Irja Mary Sinnemaki (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Marie Rinni (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Lempi A. Sinnemaki Signature

Kellogg Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of Jan., 19 44

(SEAL)

Mary M Stout Notary Public, residing at Kellogg Idaho.

Commission expires July 30, 1945.

JAN 2 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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384596

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384596
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklyn (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklyn
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ella Francis Bosworth

5. Date of Birth of Child (Month, day, year) July 8-1912

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Frederick Bosworth
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Jenkins
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Adrienne (First name) Beckstead (Last name), who is related as neighbor (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Franklyn } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 32 years, and that Allen (First name) Cutler (Last name) Sr., who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adrienne Beckstead Signature

Preston, Idaho RI Fairview P. O. Address

Subscribed and sworn to before me this [illegible] day of [illegible], 19 44

(SEAL) Ben B. Johnson, Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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384641

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Jerome
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: unknown
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Jerome
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Harold Bennet Plattor

5. Date of Birth of Child (Month, day, year) Dec. 24, 1912

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Vodie Plattor
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Selma (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dollie Holmes
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) Arkansas (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was not recorded (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of New Mexico
County of Valencia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for years, and that Harold Bennet Plattor (First name) (Last name) who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Dollie Holmes Plattor Signature
x Box 107 Los Lunas, N. Mex. P. O. Address

Subscribed and sworn to before me this 28 day of January, 19 44

(SEAL) Lucy G. Lumley Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1944 by Mabel Felder, Registrar.

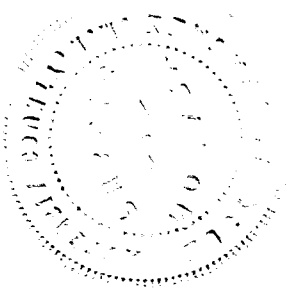
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384727
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county — years 4 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 Months ~~yrs~~

3. **RESIDENCE OF FATHER** (city, state) Sandpoint Idaho

4. **FULL NAME OF CHILD** Charles Arthur Challinor

5. Date of Birth of Child (Month, day, year) Aug 24 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 7th.

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Augustus Challinor
11. Color or Race W
12. Age at time of THIS birth 35 yrs.
13. Birthplace Atlantic Ocean (City or town) (State or foreign country)
14. Exact Occupation Sawmill worker
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anne Mary Blair
17. Color or Race W
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bay City (City or town) Mich. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for since birth years, and that Dr. Patterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Mary Blair Challinor Signature
Box 24 Libby Montana P. O. Address

Subscribed and sworn to before me this 4 day of Feb, 1944

(SEAL) [signature], Notary Public, residing at Libby Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 1973

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384744
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Mountain Home
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: Had a midwife --
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Mountain Home
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? approx 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Margauritte Mae Rosenberry

5. Date of Birth of Child (Month, day, year) Aug. 19, 1912

6. Sex Female

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Milan Rosenberry
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Sheep Shearer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Belle Filley
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Multnomah } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for ~~20~~ 32 years, and that Eve (First name) Filley (Last name), who attended this birth Is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1939 Session Laws.

Milan Rosenberry Signature
Oregon City P. O. Address

MY COMMISSION EXPIRES APRIL 23, 1947

Subscribed and sworn to before me this 5 day of February, 1944

(SEAL)

Howard R. DeVae, Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 7 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 19[illegible]

FEB 19 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-224-007-338

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385835
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) Twp. unknown
   (c) Street Address or R.F.D. No. -
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 0 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City -
   (d) Street Address or R.F.D. No. Twp. unknown
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Bertha Sprecher
5. Date of Birth of Child (Month, day, year) 3-24-1912
6. Sex female
7. Twin or Triplet no — If so—born 1st, 2nd, 3rd 2 X
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** August Sprecher
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Mercer County, No. Dak. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Schroeder
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Zinserin, South Russia, Europe (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by August Sprecher (First name) (Last name), who is related as father (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of North Dakota, County of Grant. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for life years, and that Bertha (First name) Sprecher (Last name), who attended this birth mid-wife, deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

August Sprecher Signature
New Leipzig, No. Dak. P. O. Address

Subscribed and sworn to before me this 14th day of February, 1944

(SEAL) [signature] NOTARY PUBLIC, Notary Public, residing at New Leipzig, N.D.
(Note: Perjury is punishable as a felony in Idaho; see Section 17-1 Code Annotated.) My Commission Expires September 20, 1946

Received for filing on FEB 19 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 24 1956

FEB 25 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

229-119-006-645

385965

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Erieh Spies

5. Date of Birth of Child (Month, day, year) Sept. 19, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? 9 Mo.

FATHER OF CHILD

10. FULL NAME Gottlieb F. Spies
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Besarapia, Akerman, Post Arsis (City or town) (State or foreign country)
14. Exact Occupation Tere Champenvise Farmer
15. Industry or Business Grain Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Funk
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Besarapia, Akerman, Post Arsis (City or town) (State or foreign country)
20. Exact Occupation Tere Champenvise House Keeper
21. Industry or Business House Keeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 St. (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Grant } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 30 years, and that Dr. (First name) Noth (Last name), who attended this birth Is no deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Spies Signature
Marlin Wash P. O. Address

Subscribed and sworn to before me this 15th day of February, 1944

(SEAL) G. G. Hochstetler, Notary Public, residing at Moses Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385969
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Tendoy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Kirkham Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 34 years 3 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City or Post Office Lemhi
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 66 yrs.

3. **RESIDENCE OF FATHER** (city, state) Tendoy, Idaho

4. **FULL NAME OF CHILD** Raymond Boyd Holbrook

5. Date of Birth of Child (Month, day, year) January 20-1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Holbrook
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Morgan City Weaber Co. Utah (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Marie Schrader
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Salmon City, Idaho Lemhi Co. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Lemhi }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty six years of age, that I have known this person for Sixty two years, and that Charles F. Farmer M.D. (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Marie Holbrook Signature

P. O. Address

Subscribed and sworn to before me this 27 day of February, 1944

(SEAL)

Notary Public, residing at Salmon, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1944 by Mary Hilden, Registrar.

MAR 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-107032-619

386071

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386071
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Jerome
   (c) Street Address or R.F.D. No. R. F. D. #5
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Jerome
   (d) Street Address or R.F.D. No. R. F. D. #5
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome, Idaho

4. **FULL NAME OF CHILD** Neil Herbert Carlton

5. Date of Birth of Child (Month, day, year) May 7, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jay Strong Carlton
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Wilmot, North Dakota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Edna Warren
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Medford Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-six years of age, that I have known this person for thirty-one years, and that DR. Edwin Piper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jessie Zeigler Signature
721 E. State St., Boise, Idaho P.O. Address

Subscribed and sworn to before me this 9th day of March, 1944
(SEAL) Teresa Villeneuve, Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1944 by Mabel Felder, Registrar.

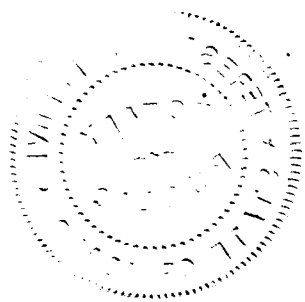
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



125-102-024-666

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386164
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Gooding Idaho

4. FULL NAME OF CHILD DeVello W. Abernathey

5. Date of Birth of Child (Month, day, year) Dec. 2, 1942.

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Eugene Abernathey
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Mt. Ayr (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella Carrie Woodworth
17. Color or Race white **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Gooding (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Gooding }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 51 years, and that Frank Cary (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. W. H. Sligar Signature

..... P. O. Address

Subscribed and sworn to before me this 23rd day of May, 1942

(SEAL) A. A. Garlock Notary Public, residing at Gooding

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mabel Fielder by MAR 20 1944, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1912-15293

432-128-008-845

386169

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Boise (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Boise
(c) City McCall
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): McCall Ida

4. FULL NAME OF CHILD Robert Cornelius McBride

5. Date of Birth (Month, day, year) Oct 28, 1912

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Cornelius McBride
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Carl Junction (City or town) Mo (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Hunter ~~McBride~~
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Knob Noster (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 11-30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Grace McBride (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 30 1944 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Valley } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace McBride, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Cornelius McBride (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Compton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Grace McBride Signature
McCall Idaho. P.O. Address

Subscribed and sworn to before me on this 14th day of March, 1944.

(SEAL) [signature] Notary Public, residing at Donnelly Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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418-225009-626

United States Department of Commerce Bureau of the Census

MAR 27 1944 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 387325
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Kootenai
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Iowa (b) County Jasper
   (c) City Newton
   (d) Street Address or R.F.D. No. 721 W 5th St So.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Kerr, Stella Margaret

5. Date of Birth of Child (Month, day, year) May 25, 1912

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Kerr, Frank George
11. Color or Race W
12. Age at time of THIS birth 41 yrs.
13. Birthplace Monroe (City or town) Iowa (State or foreign country)
14. Exact Occupation Cement Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clark, Lena Otis
17. Color or Race W
18. Age at time of THIS birth 41 yrs.
19. Birthplace Monroe (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Twin alive (Born alive, stillborn) at 11:30 P M. on the date and at the place stated above and that personal particulars were furnished by Lena Otis Clark (Kerr) (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Lena Otis Clark M.D. Midwife Address Newton Iowa Date 3-24-44

State of Iowa
County of Jasper } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 31 years, and that do not know name (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Lena Otis Clark Kerr P. O. Address

Subscribed and sworn to before me this 24 day of March, 1944.

(SEAL) Catherine Scoville, Notary Public, residing at Newton, Iowa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1944 by Mabel Weller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-116033559

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387377
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marion Leonard Bledsoe
5. Date of Birth of Child (Month, day, year) Feb. 16. 1912
6. Sex Male
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Marion Bledsoe
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bronson (City or town) Kansas (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Hazel Neiderer
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Granger (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for all his life, and that (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Hazel Bledsoe Signature
R4 Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 14th day of Sept 1942

(SEAL) W. L. Shattuck Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 - 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-22-042-542

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387379
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. at Home
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Idaho

4. **FULL NAME OF CHILD** Grace Lorraine Towne

5. Date of Birth of Child (Month, day, year) October 21, 1912

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Lee Towne
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace ReHeights (City or town) South Dakota (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Idaho Power Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flaudia Della Eubanks
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Jenkins (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:05 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Coos } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that Dr. J. E. (First name) Morgan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flaudia Della Towne Signature

Coquille, Oregon, 190 N. Hall P. O. Address

Subscribed and sworn to before me this 22nd day of March, 1944

(SEAL) J. A. Barton, Notary Public, residing at Coquille, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Com. expires June 18, 1945

Received for filing on APR 3 - 1944 by Mary Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-115-022-219

387390

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Marysville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Arthur Gifford ranch
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Parker
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parker, Idaho

4. **FULL NAME OF CHILD** Milton Orin Robinson

5. Date of Birth of Child (Month, day, year) October 15, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orin L. Robinson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vesta C. Bainbridge
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Afton, (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number of children of this~~ mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for his lifetime years, and that (First name) the doctor (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orin L. Robinson Signature

Gen Del Rochester Minn P. O. Address

Subscribed and sworn to before me this 7 day of March, 1944

(SEAL)

William K. Helmkay, Notary Public, residing at Rochester Minn

WILLIAM K. HELMKAY
NOTARY PUBLIC, OLMSTED COUNTY, MINN.
MY COMMISSION EXPIRES APRIL 30, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 - 1944 by Mary Fehlger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-208 04 995

387403 387403

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 387403
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Since 1904 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Bernice Oneda Torrance

5. Date of Birth of Child (Month, day, year) April 8 1912

6. Sex Female

7. Twin or Triplet If so—born ~~1st, 2nd, 3rd~~ 7th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Stewart Torrance
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Carlton Place (City or town) Ont. Canada (State or foreign country)
14. Exact Occupation Carpenter and farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Rose Bungleman
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for all her life years, and that Emma Mason (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Annie Torrance Signature

Caldwell, Ida R.F.D 3 P. O. Address

Subscribed and sworn to before me this 21st day of March, 1944.

(SEAL) Fred L. Evans, Notary Public, residing at Caldwell, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1944 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-224008-365

38747

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387427
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Placerville
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 35 years 10 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Placerville
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Placerville, Idaho

4. **FULL NAME OF CHILD** Margaret Gwen Williams

5. Date of Birth of Child (Month, day, year) August 24, 1912

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Richard Williams
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace — (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business Education

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Teresa Connaughton
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Granite Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 31 years, and that Doctor Fitz (First name) ____ (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Teresa Williams Signature
Route #1, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of April, 1944

(SEAL) Julius Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1944 by Mary Hilder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

419-113 016 633

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387512
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Declo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence of Parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 5 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State I daho (b) County Cassia
(c) City Declo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Declo, I daho

4. FULL NAME OF CHILD Clifford Henry Darrington

5. Date of Birth of Child (Month, day, year) April 13, 1912

6. Sex Male

7. Twin or Triplet neither

If so—born 1st, 2nd, 3rd –

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Osmer Darrington
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Elba, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emily Ottley
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Elba, (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Emily Darrington (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Rahimian [redacted] Midwife Address 602 Marsh [illegible] Date Burley Idaho Mar. 25, 1944

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 - 1944 by Mabel Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 26 1967

APR 11 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217-230-005-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387534
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City Benewah
   (c) Street Address or R.F.D. No. Homestead nearby
   (d) Name of Hospital or Maternity Home:
   Parents log cabin
   (e) Mothers stay **BEFORE** delivery:
   In **THIS** county one years one months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City Homestead nearby Benewah PO
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Left in 1913 yrs.

3. **RESIDENCE OF FATHER** (city, state) " " "

4. **FULL NAME OF CHILD** Dorothy Elizabeth Baxter

5. Date of Birth of Child (Month, day, year) Nov. 30, 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leroy Franklin Baxter
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Blair (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Marion Turner
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace South Dakota (City or town) (State or foreign country)
20. Exact Occupation Farm
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Leroy Franklin Baxter (First name) (Last name), who is related as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Nebraska
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Leroy F. Baxter (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Commission expires March 7, 1946

Leroy F. Baxter Signature

Blair Nebr. P. O. Address

Subscribed and sworn to before me this 8th day of April, 19 44

(SEAL) ..... Notary Public, residing at Blair, Nebr

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 12 1944 by Mary Hilger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 12 1944

SEP 30 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-212014 658

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387567
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. R.F.D. No 3
   (d) Name of Hospital or Maternity Home: at Ranch Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon.
   (c) City Nampa
   (d) ~~Street Address or~~ R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 6 months

3. **RESIDENCE OF FATHER** (city, state) Nampa Idaho.

4. **FULL NAME OF CHILD** Sadie Bohannon.
5. Date of Birth of Child (Month, day, year) Jan 12 - 1912.
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Edgar Bohannon.
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lebanon - Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lottie May Weyer.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Springdale Iowa. (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business house wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Yakima } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~[illegible]~~ years of age, that I have known this person for 32 years, and that Mrs. William Hellthecker (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lottie Bohannon Signature
Yakima R.F.D. 1 - Wash. P. O. Address

Subscribed and sworn to before me this 11th day of April, 1944.

(SEAL) Dorothy Thame, Notary Public, residing at Yakima Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1944 by Mabel Helder, Registrar.

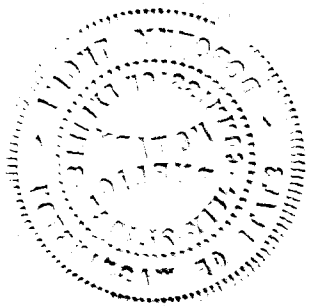
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1994

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



659-221 044-249

387617

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No. Country
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge Idaho,

4. **FULL NAME OF CHILD** Elvira Olive Weimer

5. Date of Birth of Child (Month, day, year) May 21, 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joel Willis Weimer
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace York (City or town) Nebraska (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha May Haworth
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Defiance (City or town) Iowa (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Washington }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty six years of age, that I have known this person for life time years, and that Mrs Ella (First name) Davis (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha May Weimer Signature

Midview Wash. P. O. Address

Subscribed and sworn to before me this 27th day of March, 1944.

(SEAL)

, Notary Public, residing at Cambridge

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1944 by Mabel Helgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

63-209023- APR 17 1944

United States 466
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387625
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No. R.F.D. #1
   (d) Name of Hospital or Maternity Home: In my home on a Farm
   (e) Mothers stay **BEFORE** delivery: In **THIS** county about years 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No. R. F. D. # I
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho Rt. I

4. **FULL NAME OF CHILD** Hazel Sarah Walker ([redacted])

5. Date of Birth of Child (Month, day, year) 9-9-1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sidney Walker
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Locality(Bramwell) (City or town) Emmett(city) (State or foreign country) Ida.
14. Exact Occupation Farmer(Fruit grower)
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Emily Moore
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Salt Lake City, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nit
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living All livn &

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 0 M. on the date and at the place stated above, and that personal particulars were furnished by Lydia (First name) Walker (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J L Reynolds M.D. Midwife Address Emmett Ida Date 4-13-44

State of Idaho } ss.
County of Canyon }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for all her life years, and that Dr. J.L. Reynolds (First name) (Last name), who attended this birth reside at Emmett, Ida. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sidney Walker Signature

Wilder, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of August, 19 44.

(SEAL) Thomas Daugherty, Notary Public, residing at Wilder, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-913, Idaho Code Annotated.)

Received for filing on APR 17 1944 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-115-041-523

388649

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388649
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Teton (b) City Driggs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Driggs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Driggs, Idaho

4. **FULL NAME OF CHILD** David Andrew Johnson

5. Date of Birth of Child (Month, day, year) June 15, 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl August Johnson
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tekla W Eklund
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 31 years, and that Mrs Anna Larson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Tekla W Johnson Signature

Twin Falls Ida R. 3 P. O. Address

Subscribed and sworn to before me this 27 day of May, 19 64

(SEAL) Pauline Ambrose, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 2-1964 by Mary Helgen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643 - 104.022-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388755
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Salem
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home: Home Confinment
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Salem
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Estus Reid Fullmer

5. Date of Birth of Child (Month, day, year) Jan 4-1912

6. Sex Male

7. Twin or Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Reid Fullmer
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Springville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evalean Anderson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Salem Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Jefferson } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that Dr Wm Shaup (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evalean Fullmer Signature
Menan Idaho P. O. Address

Subscribed and sworn to before me this 25th day of April, 1944

(SEAL) George M. Larsen, Notary Public, residing at Menan Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1944 by Mabel Helger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-12-002-397

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388769
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Bear
   (c) Street Address or R.F.D. No. Bear R-F-D
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years 5 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Bear
   (d) Street Address or R.F.D. No. Bear R.F.D
   (e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Teddy Arthur Allen

5. Date of Birth of Child (Month, day, year) Feb 22, 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles M. Allen
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Denver (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ova Josie Biggerstaff
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Glendale (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5 P M. on the date and at the place stated above, and that personal particulars were furnished by Ova Josie Applegate (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Canyon } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ova Josie Applegate Signature

Wilder Idaho P. O. Address

Subscribed and sworn to before me this 18th day of April, 1944

(SEAL) ____, Notary Public, residing at Wilder, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1944 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

DUP OF 1912 D51-507

497-2-54-135-342

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 388801
Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH:
(a) County Nez Perce
(b) City or town Culdesac, (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: ---
(If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery:
In hospital or institution --- In this community ---
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Nez Perce
(c) City or town Culdesac, (If outside city or town limits, write RURAL)
(d) Street No. --- (If rural, give location)

3. Full name of child Augusta Higheagle
4. Date of birth Feb. (Month) 4 (Day) 1912 (Year)
5. Sex: Female
6. Twin or triplet --- If so—born 1st, 2d, or 3d ---
7. Number months of pregnancy 9
8. Is mother married? yes

FATHER OF CHILD
9. Full name Antoine Higheagle
10. Color or race Indian 4/4 11. Age at time of this birth 30 yrs.
12. Birthplace Sweetwater, (City, town, or county) Idaho (State or foreign country)
13. Usual occupation Farmer
14. Industry or business for himself

MOTHER OF CHILD
15. Full maiden name Josephine Luke
16. Color or race Indian 4/4 17. Age at time of this birth 20 yrs.
18. Birthplace Lewiston, (City, town, or county) Idaho (State or foreign country)
19. Usual occupation Housewife
20. Industry or business at own home

21. Children born to this mother:
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 3 p. m. on the date above stated and that the information given was furnished by Josephine Luke Matt, related to this child as mother

24. Date received by local registrar _____
25. Registrar's own signature APR 25 1944 (By) _____
26. Date on which given name added _____ by _____

Attendant's own signature Josephine Luke Matt
M. D., midwife, or other mother Date signed Apr. 10, 1944
Address Lapwai, Idaho

8-6016 U. S. GOVERNMENT PRINTING OFFICE 16—13492

This is to certify that the above information is true and correct and is in accordance with the records of this office and the information furnished by the mother of Augusta Higheagle

A. G. Wilson

A. G. Wilson, Superintendent
Northern Idaho Indian Agency,
Lapwai, Idaho

APR 28 1944

296-215-011-636

388875

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boundary (b) City Moravia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boundary
   (c) City Moravia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moravia, Idaho

4. **FULL NAME OF CHILD** Carrie Evelyn Krogseth
5. Date of Birth of Child (Month, day, year) May 15. 1912
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy normal
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Knut Krogseth
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Christine Flor
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that Dr E. E. Fry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Christine Krogseth
Signature
Naples, Idaho
P. O. Address

Subscribed and sworn to before me this 29th day of April, 1944.

(SEAL) J W Reed, Notary Public, residing at Bonners Ferry Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC, RESIDING AT BONNERS FERRY, IDAHO
MY COMMISSION EXPIRES SEPT. 20th 1944

Received for filing on MAY 2 - 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

712-12-028-962

388997

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388997
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kutesia (b) City St. Maries
(c) Street Address or R.F.D. No Capitol Hill
(d) Name of Hospital or Maternity Home: In the home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kutenia
(c) City St. Maries
(d) Street Address or R.F.D. No. Capitol Hill Street
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) St. Maries, Idaho

4. FULL NAME OF CHILD Jasmine Mason Haskill

5. Date of Birth of Child (Month, day, year) 4-21-1912

6. Sex Male

7. Twin or Triplet ——— ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Henry Haskill
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Dayton (City or town) Kansas (State or foreign country)
14. Exact Occupation Street, and Water Commissioner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Della May Roberts Haskill
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Brownville (City or town) Nebraska (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~None~~ Silver Nit. Sol. 1%

23. Number of children of this mother: (a) At time of birth and including this child. 5 (b) Born alive and now living. 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at 12:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by Della May Haskill (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature C. J. Kinsolving M.D. ~~Midwife~~ Address St Maries, Ida. Date April 12, 1944

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1944 by Mabel Hyder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533 226035 693

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 390103
Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH:
(a) County Nez Perce
(b) City or town Lapwai, Idaho
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: —
(If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Nez Perce
(c) City or town Lapwai
(If outside city or town limits, write RURAL)
(d) Street No. —
(If rural, give location)

3. Full name of child Mary Sarah Ellenwood
4. Date of birth 2/26/12 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet — If so—born 1st, 2d, or 3d _____
7. Number months of pregnancy 9
8. Is mother married? yes

FATHER OF CHILD

9. Full name Sam Ellenwood
10. Color or race Indian 11. Age at time of this birth 29 yrs.
12. Birthplace Kooskia, Idaho (City) (State or foreign country)
13. Usual occupation farming
14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Mary Lucy Wilson
16. Color or race Indian 17. Age at time of this birth 24 yrs.
18. Birthplace Pendleton, Oregon (City) (State or foreign country)
19. Usual occupation housewife
20. Industry or business _____

21. Children born to this mother:
(a) How many other children of this mother are now living? one
(b) How many other children were born alive but are now dead? one
(c) How many children were born dead? _____

22. Mother's mailing address for registration notice:
Mary Ellenwood
Lapwai, Idaho

23. I hereby certify that I attended the birth of this child who was born alive at the hour of — m. on the date above stated and that the information given was furnished by Mary Ellenwood, related to this child as mother

24. Date received by local registrar APR 17 1944
25. Registrar's own signature _____ (Registrar)
26. Date on which given name added _____ by _____

Attendant's own signature Mary Lucy Wilson
[redacted] other mother Date signed 4/5/44
Address Lapwai, Idaho

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

I certify that the information furnished above is a correct and true transcript as taken from the Official Records of the Northern Idaho Agency, and from information furnished by the mother of the applicant. Certified this fifth day of April, 1944.

Lucas C. Neal
Acting Superintendent

MAY 31 1944

386-125038-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390119
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Payette (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In ~~THIS~~ county less 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Payette
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? less than 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) New Plymouth, Ida.

4. **FULL NAME OF CHILD** Lloyd Joel Thompson

5. Date of Birth of Child (Month, day, year) 11/25/1912

6. Sex male

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Alvin Thompson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Lismore, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Josephine Michaelson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lismore, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs J. A. Thompson (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature W T Drysdale M.D. ~~Midwife~~ Address Veterans Adm. Des Moines Date 5-3-44

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for ~~53~~ 31 years, and that ~~Lloyd Joel Thompson~~ (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie Michaelson Thompson Signature
308-A So. Freeman, Inglewood, California

Subscribed and sworn to before me this 7th day of March, 1944

EDGAR E. BYRD, NOTARY PUBLIC (SEAL)
My commission expires May 1, 1946
MAR 7 1944
(Seal) for the County of Los Angeles, State of California

Edgar E. Byrd, Notary Public, residing at 730 S. Freeman Inglewood, California
(Note: Perjury is punishable under Sec. 1914, Penal Code Annotated.)

Received for filing on MAY 19 1944 by Mary Holger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 154 209 011 545 390244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390244
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Bonners Ferry Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry, Idaho

4. FULL NAME OF CHILD Emma Victoria Anderson

5. Date of Birth of Child (Month, day, year) Nov. 9, 1912

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Anderson
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Fjaras, Holland, Sweden (City or town) (State or foreign country)
14. Exact Occupation night foreman
15. Industry or Business Bonners Ferry Lumber Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Emery
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Stone, Staffordshire, England (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Grays Harbor } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 29 years, and that Dr. E. E. Fry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Daisy Anderson Wood Signature
16, 3½ N. B. St. Aberdeen P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1942

(SEAL) [signature] Notary Public, residing at Aberdeen

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-22-022-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390270
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chester, Idaho

4. **FULL NAME OF CHILD** Elnora A. Gilbert

5. Date of Birth of Child (Month, day, year) June 21, 1912

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas H. Gilbert
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Nashville (City or town) Tenn. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia D. Potter
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Julia D. P. Gilbert (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Hanger M.D. ~~Midwife~~ Address Ashton, Idaho Date 6/1-1944

AFFIDAVIT

State of) ss.
County of)

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-104025 855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390381
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Woodland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Woodland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Woodland Idaho

4. FULL NAME OF CHILD Harold Joseph Knight

5. Date of Birth of Child (Month, day, year) June 4, 1912

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Allen Knight
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Bangor (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Belle Henderson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace North Branch (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum boric acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Mrs Hanna George (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Belle Knight Signature
Kamiah Ida P. O. Address

Subscribed and sworn to before me this 19 day of November, 1942

(SEAL) Notary Public, residing at Kamiah Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1944 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-107-014-522

391464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City NAPA Nampa
(c) Street Address or R.F.D. No. N. 14th St.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Oregon (b) County Malheur
(c) City Vale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 days ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Vale - Oregon.

4. FULL NAME OF CHILD Ira Terrell Gentry

5. Date of Birth of Child (Month, day, year) Feb. 7 - 1912

6. Sex Male

7. Twin ~~or Triplet~~ Twin If so—born ~~1st~~, 2nd, ~~3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Gordon Gentry
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Newman (City or town) Ill. (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosamond Blanche Eskridge
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Radford (City or town) Va. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Sol. 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Geo. O. A. Kellogg M.D. ~~Midwife~~ Address Nampa, Idaho. Date 6-15-'44

State of CALIFORNIA
County of NAPA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that DR. Kellog (NAMPA IDAHO) (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

also known as x Rosamond Blanch Eskridge / Rosamond Blanch Gentry Signature

P. O. Address

Subscribed and sworn to before me this 3RD day of JUNE, 1944

(SEAL) R. Lehesmith Notary Public, residing at Napa California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Feb. 15, 194

Received for filing on JUN 24 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 24 1963

JUN 8 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-107-014-522

391465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. N. 14th St
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Oregon (b) County Malheur
(c) City Vale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 days

3. RESIDENCE OF FATHER (city, state) Vale - Oregon

4. FULL NAME OF CHILD Richard Gordon Gentry

5. Date of Birth of Child (Month, day, year) Feb. 7 1912

6. Sex Male

7. Twin ~~or Triplet~~ Twin If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Richard Gordon Gentry
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Newman - Ill. (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosamond Blanche Eskridge
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Radford Va. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Sol.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Geo. R. A. Kellogg M.D. ~~Midwife~~ Address Nampa, Idaho Date 6-15-'44

State of California
County of Napa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, ~~that~~ I am now 50 years of age, that I have known this person for 32 years, and that Dr Kellog (Nampa Idaho) (First name) (Last name) who attended this birth [illegible] (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosamond Blanch Eskridge
also known as Rosamond Blanch Gentry Signature
P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1944.

(SEAL) [illegible] Notary Public, residing at Napa California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Feb. 15, 1947

Received for filing on JUN 24 1944 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 '44

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391519 391519

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires advance payment of fifty cents, money order or coin.

United States 419-429.001-318 (Be sure the information is as of date of birth of THIS child.)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Kuna
   (c) Street Address or R.F.D. No. Route 1.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Kuna
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kuna Idaho

4. **FULL NAME OF CHILD** Verne Marshall

5. Date of Birth of Child (Month, day, year) 3/29/12

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel C. Marshall
11. Color or Race white
12. Age at time of THIS birth 52 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Finis Susan Taylor
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 7
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 53 years of age, that I have known this person for life years, and that Dr. Hart (First name) ____ (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge; and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen E. Clark Signature
Eagle R. 1 - Idaho P. O. Address

Subscribed and sworn to before me this 6 day of July, 19 44

(SEAL) Pauline Ambrose, Notary Public, residing at Eagle, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 6 1944 by Mabel Helgar, Registrar.

JUL 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-211-001-295

391532

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391532
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meredean
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meredean
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian Ida.

4. FULL NAME OF CHILD Mildred Estella Rose

5. Date of Birth of Child (Month, day, year) June 11th 1912

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ira Judson Rose
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Beaver City (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Bingman
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Laclede (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Anna E. Rose (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 30 years, and that Emma Rose (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna E. Rose Signature
R.D.5, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of July, 1944

(SEAL) John Jackson Notary Public residing at Probate Judge Ada County, Idaho.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1944 by Mabel Hall, Registrar.

JUL 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-207-001-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391590
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 512 Wash St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 512 Wash
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise

4. **FULL NAME OF CHILD** Ruby Ilene Walters

5. Date of Birth of Child (Month, day, year) May 7 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Royal Walters
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Austin (City or town) Nevada (State or foreign country)
14. Exact Occupation Rancher + Cattleman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgie Inez Mahoney
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Weiser (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by Chrissie Mahoney (First name) Walters (Last name), who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Chrissie M. Walters ~~M.D.~~ Midwife Address Westfall Oregon Date June 20, 1944

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty years of age, that I have known this person for 32 years, and that Chrissie M. Walters (First name) (Last name), ~~who~~ attended this birth is my wife (~~Is now deceased~~ or ~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F J Walters Signature
Westfall Oregon P. O. Address

Subscribed and sworn to before me this 29 day of June, 1944

(SEAL) Earl Sharpley, Notary Public, residing at Ontario Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com Exp Jan 15-1945

Received for filing on JUL 5 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1962
JUN 4 1971

JUL 6 1944

JUN 22 1971

JUL 22 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-205-014-264

391681

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Rt 4
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 10 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Jessie Marie Jacobs

5. Date of Birth of Child (Month, day, year) 9-5-12

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Vesdon Joseph Jacobs
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Falls City (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Adell Bourne
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Fort Dodge, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that Mrs. Henry Jones (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Adell Jacobs Signature
Box 363 P. O. Address

Subscribed and sworn to before me this 8th day of July, 1944

(SEAL)

Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1944 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392883
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City LANE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 10 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO. (b) County KOOTENAI
   (c) City LANE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) LANE, IDAHO.

4. **FULL NAME OF CHILD** LELIA, MARIE COUTURE

5. Date of Birth of Child (Month, day, year) OCT. 22, 1912

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ODILON COUTURE
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace CANADA (City or town) (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ALICE, MABLE, FITZSIMMONS
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace PEMBIME WIS. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of MONTANA
County of MISSOULA } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for BIRTH 31 years, and that DOCTOR REGER (First name) (Last name), who attended this birth CANNOT LOCATE (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Mabel Farrell Signature
Missoula, Montana P. O. Address

Subscribed and sworn to before me this 12th day of July, 1944.

Notary Public for the State of Montana (SEAL) Residing at Missoula, Montana
My Commission Expires Dec. 9 1944

Mary Faulkner, Notary Public, residing at Missoula, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1944 by Mary Felger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 3 9 89

State File No. 392892
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell

4. **FULL NAME OF CHILD** Helen Marie Hinsey

5. Date of Birth of Child (Month, day, year) Nov 1, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James A. Hinsey
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Paradise (City or town) Nevada (State or foreign country)
14. Exact Occupation Rail road Man
15. Industry or Business " "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie R Hostetler
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Pendleton (City or town) Ore (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Dr Geo Hailey (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie R Hinsey Signature
Boise Ida P. O. Address

Subscribed and sworn to before me this 2 day of August, 1945

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug. 2, 1945 by Mabel Hall, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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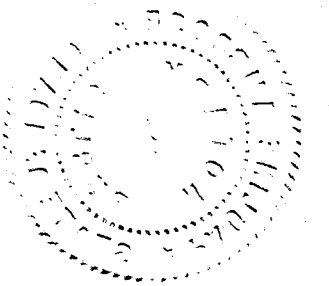

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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Garden Valley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Garden Valley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Garden Valley, Idaho

4. **FULL NAME OF CHILD** Della Agnes Ross

5. Date of Birth of Child (Month, day, year) January 27, 1912

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmer C. Ross
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Clarinda (City or town) Iowa (State or foreign country)
14. Exact Occupation U.S. Forest Ranger
15. Industry or Business U.S. Forest Service

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude May Rickey
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Ferguson, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Twin Falls }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for ~~x35x~~ 32 years, and that Mrs Nellie Higgs (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude May Ross Signature

122 Walnut St, Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of August, 1944.

(SEAL)

Emil E. Walker Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1944 by Mabel Holden, Registrar.

FEB 25 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

AUG 2 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 393007
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Cameron
   (c) Street Address or R.F.D. No. Cameron Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 18 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Cameron
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cameron Idaho

4. **FULL NAME OF CHILD** Josephine Ruth Clara Hilken

5. Date of Birth of Child (Month, day, year) Sept 16 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Adelbert Hilken
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Cameron Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lamp
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of LATAH } ss.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for always years, and that DR. ROTHWELL (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Adelbert Wilken Signature
KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 21st day of July, 19 44

(SEAL)

Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 399053
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Post Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Post Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John David Henderson

5. Date of Birth of Child (Month, day, year) Feb. 23, 1912

6. Sex Male

7. ~~Twin or~~ Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James William Henderson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Xenica (City or town) Illinois (State or foreign country)
14. Exact Occupation Physician & Surgeon
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Davis
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bangs (City or town) Ohio (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lens Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Feb 23-1912 (Born alive/~~stillborn~~) at 3 M. on the date and at the place stated above, and that personal particulars were furnished by Rose (First name) Henderson (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J W Henderson M.D. ~~Midwife~~ Address Longview Wash. Date Aug 8-1944

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 15 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-113006-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 393054
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Jamestown R.F.D. #1.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Jamestown
   (d) Street Address or R.F.D. No. R.F.D. 1
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Elgin John Hardy

5. Date of Birth of Child (Month, day, year) Oct 13 - 1942

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Thomas Hardy
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Kanarville (City or town), Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Mary Taylor
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Kanarville (City or town) Utah (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum — Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Eva Mary Taylor Hardy (First name) (Last name), who is related as Mother (Mother, etc.).

25. Attendant's **OWN** signature Erwin Cutler M.D. ~~Midwife~~ Address Shelley Ida Date 7-31-44

AFFIDAVIT

State of ... } ss.
County of ... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ..., Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 15 1944 by Mary Folger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1969

AUG 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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V 569-204-007-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394293
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Dover
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Dover
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dover, Idaho

4. **FULL NAME OF CHILD** Lucille Agnes North

5. Date of Birth of Child (Month, day, year) Feb. 4, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eric Hjalmar North
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Muskegon Michigan (City or town) (State or foreign country)
14. Exact Occupation Lumber Grader
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Mathilda Anderson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Moorhead Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Dr. (First name) Patterson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eric Hjalmar North Signature
817 Poplar - Sand Point - Idaho P. O. Address

Subscribed and sworn to before me this 19th day of August, 1944.

(SEAL) Glenn J. Twigg, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1944 by Mabel Heller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

USSPCC

AUG 8 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

73-2171022-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394413
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Bates
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Familys Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City BATES
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) BATES Idaho

4. **FULL NAME OF CHILD** RUBY PEARL PATE

5. Date of Birth of Child (Month, day, year) July 17 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ezra Greenwood PATE
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Union S L Co (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Rosella Sharp
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Midvale formerly West Jordan Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of UTAH
County of SALT LAKE } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now — 67 — years of age, that I have known this person for — 32 — years, and that JANE (First name) ELLIS (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Ada Rosella Sharp Pate Signature
7594 So. STATE MIDVALE UT. P. O. Address

Subscribed and sworn to before me this 29 day of AUGUST, 1944.

(SEAL) [signature], Notary Public, residing at MIDVALE UTAH.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1944 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has ~~occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1255-118-029-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394440
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years ● months ● days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** James Russell Keeler
5. Date of Birth of Child (Month, day, year) Nov. 18, 1912
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Cowlin Keeler
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Belvinsville (City or town), New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Millie Alberta Mann
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Clarinda (City or town), Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for always years, and that SARAH KEELER (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Keeler Signature
KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 5th day of Sept., 1944

(SEAL) [signature], Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1944 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395610

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395610
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon, Idaho.

4. **FULL NAME OF CHILD** Theodora Virginia Randolph

5. Date of Birth of Child (Month, day, year) Sept. 9th 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Bell Randolph
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Union City, Michigan (City or town) (State or foreign country)
14. Exact Occupation ranching
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Elizabeth Webber
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Boulder, Colorado (City or town) (State or foreign country)
20. Exact Occupation housewife (deceased)
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for life years, and that Dr. William C. Whitwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Edward Bell Randolph Signature

Salmon, Idaho. P. O. Address

Subscribed and sworn to before me this 12th day of September, 19 44

(SEAL) [signature], Notary Public, residing at Salmon, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1944 by [signature], Registrar.

SEP 25 1944

SEP 22 19[illegible]

SFP 22 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

196-202, 335-366

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395651
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Lewiston
   (c) Street Address or R.F.D. No. Ninth Street
   (d) Name of Hospital or Maternity Home: Delivery At Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Mohler
   (d) Street Address or R.F.D. No. R.F.D. # 1
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mohler, Idaho.

4. **FULL NAME OF CHILD** Mary Elizabeth Browning

5. Date of Birth of Child (Month, day, year) March 2-1912

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Curtis Adolph Browning
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Purdy (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Corinne Looney
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Pauls Valley (City or town) Okla. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Lewis }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5 9 years of age, that I have known this person for 32 years, and that Dr. J.B. (First name) Morris (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie C. Browning Signature

P.O. Address

Subscribed and sworn to before me this 28th day of September, 1944.

(SEAL) G.C. Pennell, Notary Public, residing at Nezperce, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1944 by Mary Holder, Registrar.

OCT 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962 - 926 - 018 - 815

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395673
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Orifino, Idaho
   (c) Street Address or R.F.D. No. Rx
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Orifino
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Orifino, Idaho

4. **FULL NAME OF CHILD** Florence May Rokenbrodt

5. Date of Birth of Child (Month, day, year) May 26, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hugh W. Rokenbrodt
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Waterloo (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nina Hansen
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Sabula, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Minnesota } ss.
County of Jackson }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 ~~years~~ ~~months~~, years, and that Mrs. Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nina Rokenbrodt Signature

Alpha, Minn. P. O. Address

Subscribed and sworn to before me this 22 day of Sept., 1944.

(SEAL) J. H. Lauridsen, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, Jackson Minn.
My Commission expires May 18, 1951.

Received for filing on SEP 27 1944 by Mabel Fidler, Registrar.

OCT 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-110-038-165

395743

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395743
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fayette (b) City Fayette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fayette
   (c) City Fayette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alfred Bertram Day

5. Date of Birth of Child (Month, day, year) Dec. 10-1912

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Alfred Bertram Day
11. Color or Race W
12. Age at time of THIS birth 33 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jones
17. Color or Race W
18. Age at time of THIS birth 35 yrs.
19. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature ☐ M.D. ☐ Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ✓ years of age, that I have known this person for life years, and that attendant (First name) (Last name), who attended this birth is not known (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Day Signature
Idaho City, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of October, 1944.

(SEAL) Frances M. Kinna, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1944 by Mabel Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1945

OCT 16 1944

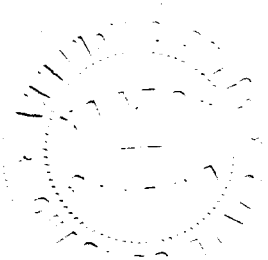
SEP 12 1977

JAN 20 1999

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



117 121 040 951

396852

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D.No. Highway - Thompson
(d) Name of Hospital or Maternity Home:
Born at Home Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
IN **THIS** county 1 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D.No. P.O. Box
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address Box 614 Wallace Ida

3. **RESIDENCE of FATHER** (city, state) Wallace Ida

4. **FULL NAME OF CHILD** Rector Hesse Jaggard

5. Date of Birth (Month, day year) Jan 21. 1912

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest E. Jaggard
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Leamington Spa England (City or town) (State or foreign country)
14. Exact Occupation Local Manager
15. Industry or Business Public Utilities (Electric & Water)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Emma Read
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Uxbridge Eng England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business prior to Marriage — Nurse

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 24 1944 (Date received) (b) Mary Felder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho, County of Shoshone } ss.

I, Ernest E. Jaggard, being first duly sworn, say that I am Related To Father (Related to (or) acquainted with) Rector H. Jaggard (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Currens (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ernest E. Jaggard Signature

Box 614 Wallace, Ida P. O. Address

Subscribed and sworn to before me this 21st day of Oct, 1944.

(SEAL)

Notary Public, residing at Notary Public Residing at MULLAN, IDAHO

My Commission Expires March 15, 1948

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mountain Home, Idaho

4. **FULL NAME OF CHILD** Timothy Brennan

5. Date of Birth of Child (Month, day, year) Sept. 7, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Patrick Francis Brennan
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Kerry County, Ireland (City or town) (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business Oregon Short Line R. R. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bridget Casey
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Mayo County, Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Texas
County of Brown } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 32 years, and that the name of the Doctor (First name) (Last name), who attended this birth is unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Patrick F. Brennan Signature

P.O.Box 174, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of October, 19 44.

(SEAL) W. E. Woods, Notary Public, residing at Brownwood, Texas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 24 1944 by Mary Helder, Registrar

JAN 14 1949

OCT 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396875
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County VALLEY (b) City ARLING
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 48 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County VALLEY
   (c) City ARLING
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) ARLING, IDAHO

4. **FULL NAME OF CHILD** MILLIE MATHILDA KANTOLA

5. Date of Birth of Child (Month, day, year) MARCH 7, 1912

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JACOB KANTOLA
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace FINLAND (City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MATILDA SUSAN KOSKELLA
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace FINLAND (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of VALLEY } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that MARY (First name) KOSKELLA (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+Mrs Matilda Kantola Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of September, 1943

(SEAL) C. Schoenhut, Notary Public, residing at Cascade Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT. 18 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 396960
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Farm Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Rita Merle Collier

5. Date of Birth of Child (Month, day, year) July 16, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Elisha Collier
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Blanche Tyler
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Graniteville (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Jackson } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 32 years, and that Paul E. Weisel (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Walter E. Collier Signature

Box 676 Eagle Point, Ore. P. O. Address

Subscribed and sworn to before me this 16th day of October, 1944

(SEAL) A. F. Powers, Notary Public, residing at Medford Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires September 14, 1948

Received for filing on OCT 31 1944 by Mabel Fidler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 97019
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Midvale
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
(f) Mother's mailing address Midvale Idaho
3. **RESIDENCE OF FATHER** (city, state) Midvale, Ida.

4. **FULL NAME OF CHILD** Irene Keithley
5. Date of Birth (Month, day, year) Dec. 8, 1912
6. Sex. Female
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Daniel Keithley
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Midvale (City or town) Idaho (State or foreign country)
14. Exact Occupation Gen. Contractor & farmer
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Bell Seid
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Carlisle (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) NOV 8 1944 (Date received) (b) Mabel Hall (Registrar's signature), Clerk

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Riverside }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nancy Bell Keithley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Irene Keithley (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. A. Smitz (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Nancy Bell Keithley Name
4390 Cover St., Riverside, Calif. P. O. Address

Subscribed and sworn to before me on this 2nd day of November, 1944.

(SEAL) Jeffie Pauline Boles Notary Public residing at Riverside, Calif.
My commission expires 1/15/47

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 638 W. Commercial St.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address ~~or R.F.D.~~ No. 638 W. Commercial
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Dorothy Rock

5. Date of Birth of Child (Month, day, year) August 31-1912

6 Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmer Lloyd Rock
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Kent (City or town) Indiana (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louanna Lloyd
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Kent (City or town) Indiana (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I ~~am now~~ 68 years of age, that I have known this person for all his life years, and that Dr. Walter Lawson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elmer Rock Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 10th day of November, 1944
(SEAL) F. M. Lloyd, Notary Public, residing at Weiser Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 15 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398275
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County SHOSHONE (b) City WALLACE
   (c) Street Address or R.F.D. No. MULLAN ROAD
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County SHOSHONE
   (c) City WALLACE
   (d) Street Address or R.F.D. No. MULLAN ROAD
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) WALLACE IDAHO

4. **FULL NAME OF CHILD** ALLEN WOODROW JOHNSON

5. Date of Birth of Child (Month, day, year) Sept. 26- 1912

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EMANUEL JOHNSON
11. Color or Race SWEDISH
12. Age at time of THIS birth yrs.
13. Birthplace SWEDEN (City or town) (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HANNAH ALTINA LARSON
17. Color or Race SWEDISH
18. Age at time of THIS birth yrs.
19. Birthplace SWEDEN (City or town) (State or foreign country)
20. Exact Occupation House WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Wallace Ida Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1944 by , Registrar

Mabel Hilger

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 7 1974

DEC 2 0 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515 217024433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398325
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Gooding
   (d) Street Address or R.F.D. No. Ona farm
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gooding, Idah

4. **FULL NAME OF CHILD** Josephine Cordelia Vann

5. Date of Birth of Child (Month, day, year) April 17, 1912

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Omer Vann
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Pebody (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Lucinda McLatchie
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Nevada
County of Clark } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 years, and that No (First name) attendent (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Omer Vann Signature
Las Vegas, Nevada P. O. Address

Subscribed and sworn to before me this 4th day of December 1944.

(SEAL) ____, Notary Public, residing at Las Vegas, Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1944 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-216 044 316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 399434
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Idaho
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: In Country — No hospital
(e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Cora Bloomer

5. Date of Birth of Child (Month, day, year) July 16, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Anderson Bloomer
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Fairview (City or town) Va (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Lawson
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Fairview (City or town) Va (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 32 years, and that Dr C B Shirley (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Bloomer Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 19th day of December, 1944

(SEAL) [signature], Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

193-20405-369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399510
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Caribou (b) City Ivins
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Caribou
   (c) City Ivins
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ivins Idaho

4. **FULL NAME OF CHILD** Elva Gillette

5. Date of Birth of Child (Month, day, year) June 24, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mathias Nelson Gillette
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Tooele (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Cornia
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Woodruff (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Caribou }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Dr. Ellis F (First name) Kackley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frances Gillette Signature
Ivins Idaho P. O. Address

Subscribed and sworn to before me this 19 day of December, 1944

(SEAL) [illegible], Notary Public, residing at Tooele Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1944 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1912-6769

962-117-021-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399544
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thomas Edmund Rose

5. Date of Birth of Child (Month, day, year) Feb. 17, 1884

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Hyrum Rose
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ellen Shaw
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by William Dawson (First name) (Last name) who is related as neighbor (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 60 years, and that Marie Maughan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× William Dawson Signature
No Center Replacing Idaho P. O. Address

Subscribed and sworn to before me this 26th day of Dec, 1944
(SEAL) Thomas Preston - Probate Judge, ~~Notary Public~~, residing at Preston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 - 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253-209-029-261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399589
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) ~~Street Address~~ or R.F.D. No. 4
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) ~~Street Address~~ or R.F.D. No. 4
   (e) How long has **MOTHER** lived in Idaho? 6½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Elvera Augusta Kellberg

5. Date of Birth of Child (Month, day, year) June 9, 1912

6. Sex Female

7. Twin or ~~Triplet~~ If so—born Twin ~~1st~~, 2nd, ~~3rd~~ 2nd

8. No. months of Pregnancy 7 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Kellberg
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Kungsbacka (City or town) Sweden (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gerda Eugenia Soahn
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Kungsbacka (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of ~~birth and including~~ this child ~~12~~. (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Latah } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 years, and that Alfred (First name) Kellberg (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gerda Kellberg Signature

Troy Idaho P. O. Address

Subscribed and sworn to before me this 8 day of December, 1945

(SEAL) ____, Notary Public, residing at Troy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-104-037-380

399641

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399641
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county yes years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leo Lester Lawson

5. Date of Birth of Child (Month, day, year) Oct. 4-1912

6 Sex Boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hiram Lester Lawson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Three Creek Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Mae Thompson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Ketchum Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 31 years, and that Dr. Bartlett (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Effie M. Mackley Signature
Bruneau, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of Jan., 1945

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 22 1945 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 24 1945

JAN 22 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

f62-127-001-818

399653 399653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Max Yost

5. Date of Birth of Child (Month, day, year) June 27, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry L. Yost
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Houcktown (City or town) Ohio (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara D. Hayden
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Lisbon (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Dr Payne (First name) of Meridian, Idaho (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry L. Yost Signature

Boise Idaho P. O. Address

Subscribed and sworn to before me this 22 day of Jan., 1945

(SEAL) ____, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 13 1953

JAN 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-113-007-213

400769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Bellview
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Yes years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Bellview
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Bellview Ida

4. **FULL NAME OF CHILD** La Von C. Gilman

5. Date of Birth of Child (Month, day, year) July 13 - 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Gilman
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Hailey (City or town) Idaho (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Garage

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Alice Ballenger
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Modoc (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Alice Gilman (First name) (Last name) who is related as Mother Aunt (Mother, etc.)

25. Attendant's **OWN** signature Hattie Donnelly ~~M.D.~~ Midwife Address Hailey Idaho Date Jan 12-45

AFFIDAVIT

State of Idaho
County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Alice Gilman Signature
317 Blue Lakes Blvd. P. O. Address

Subscribed and sworn to before me this 12th day of January, 1945

(SEAL) E R Adams, Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1945 by Mabel Holden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-108-207-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 400824
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Soldier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Soldier
   (d) Street Address or R.F.D. No. home
   (e) How long has **MOTHER** lived in Idaho? six yrs.

3. **RESIDENCE OF FATHER** (city, state) Soldier, Idaho

4. **FULL NAME OF CHILD** Harvey D. Mink

5. Date of Birth of Child (Month, day, year) August 8, 1912

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lester D. Mink
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Vella Wood
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Trenton, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature attendant Dr. Higgs is dead M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Gooding }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that A. A. Higgs, (Doctor) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Vella Wood Mink Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1945

(SEAL)

Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1945 by Mabel Wilson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1945
FEB 7 1945
JAN 27 1945
JAN 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-121-003-462

400902

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City McCammon
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 24 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City McCammon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. **RESIDENCE OF FATHER** (city, state) McCammon Idaho

4. **FULL NAME OF CHILD** Steely Lorenzo Moss

5. Date of Birth of Child (Month, day, year) Dec 21, 1912.

6. Sex Male / Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Perry Samuel Moss.
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Woodruff (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabell Moss
17. Color or Race White
18. Age at time of THIS birth [illegible] yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Andrew Goodenough (First name) (Last name), who is related as Mid Wife (Mother, etc.)

25. Attendant's **OWN** signature De Cleared M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that De Cleared (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabell Moss Signature

Jerome Idaho P. O. Address

Subscribed and sworn to before me this 26 day of Jan. 1945

(SEAL) Bryan Lewis, Notary Public, residing at Jerome Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1945 by [illegible], Registrar.

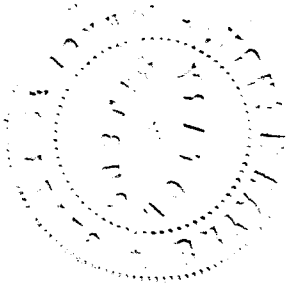
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



432-106-206-313

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400903
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Moreland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: private home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Moreland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Virgil Lorman McBride

5. Date of Birth of Child (Month, day, year) March 6, 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Retta Conrad McBride
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Byram (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Leona talbot
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Hayspill (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 + years, and that Dr Howard J. Simmons (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Olive Leona McBride Signature

P. O. Address

Subscribed and sworn to before me this 27th day of January, 1945

(SEAL) Mark K. Stephan, Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1945 by , Registrar

MAY 1 2 1971

MAR 3 1 1945

FEB 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-129-036-719

400908

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (Power (b) City American Falls
(c) Street Address or R.F.D. No. Arthur St.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: In THIS county 7 years 6 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida (Power
(c) City American Falls
(d) Street Address or R.F.D. No. Arthur st.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Am. Falls, Id.

4. FULL NAME OF CHILD Melvin Glenn Meadows

5. Date of Birth of Child (Month, day, year) Dec. 29, 1912

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Franklin Richard Meadows	16. FULL MAIDEN NAME Amanda Matilda Garn
11. Color or Race White 12. Age at time of THIS birth 43 yrs.	17. Color or Race White 18. Age at time of THIS birth 39 yrs.
13. Birthplace Rockport, Utah (City or town) (State or foreign country)	19. Birthplace Coalville, Utah (City or town) (State or foreign country)
14. Exact Occupation Wheat Farming	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Power } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 32 years, and that Dr. Richard F. Noth (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Franklin R. Meadows
Signature
724 Hutchinson Ave Am. Falls Idaho
P. O. Address

Subscribed and sworn to before me this 26th day of ~~Da~~ January, 1945.

(SEAL) [signature], Notary Public, residing at AMERICAN FALLS, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) COMMISSION EXPIRES OCTOBER 22, 1947

Received for filing on JAN 30 1945 by [signature], Registrar

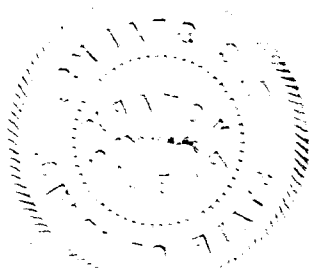
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



759-217-001-147

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 29 1945

State File No. 400910
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marian Jewell Persinger

5. Date of Birth of Child (Month, day, year) July 17 1912

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Milton Persinger
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Central City, Nebr. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Claire Adams
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ottawa, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Gooding } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for life years, and that Doctor (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Persinger Signature

Box 32, Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 1945.

(SEAL) Emma M. Lucke, Notary Public, residing at Gooding

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1945 by Mabel Hoag, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1964

FEB 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-110-016-813

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400994
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassa (b) City Sublett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 27 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassa
   (c) City Sublett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Sublett - Idaho

4. **FULL NAME OF CHILD** Jonathan See Counts

5. Date of Birth of Child (Month, day, year) Dec - 10 - 1912

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Absalom B. Counts
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Sublett Idaho (City or town) Olive Hill Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabel Hall
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace McDowell (City or town) Kentucky (State or foreign country)
20. Exact Occupation home wife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Douglas } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that Mrs Nora Horn (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Absalom B Counts Signature

Myrtle Creek - Oregon P. O. Address

Subscribed and sworn to before me this 7th day of February, 1945.

(SEAL) MY COMMISSION EXPIRES January 9, 1949

NOTARY PUBLIC FOR OREGON

Ray A. Horn, Notary Public, residing at Myrtle Creek Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1945 by , Registrar

READ THIS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1966

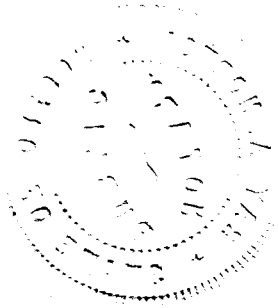
FEB 12 1945

JUN 24 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



343-222-028-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 401000
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county 3 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene

4. FULL NAME OF CHILD Zella Antoinette Tucker

5. Date of Birth of Child (Month, day, year) May 22, 1912

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leroy Tucker
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Lincoln, Nebr. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Inez May Buchanan
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Bradford, Pa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Inez (First name) Tucker (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Wash
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Zella (First name) Tucker (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Inez May Tucker Signature

P. O. Address

Subscribed and sworn to before me this 8 day of Feby, 1945

(SEAL) [signature], Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-112-014-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 401007
Local Reg. No.
Reg. Dist. No.

FEB 9 1945

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Roswell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Roswell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Roswell, Ida.

4. FULL NAME OF CHILD Wendell McCormick Cottier

5. Date of Birth of Child (Month, day, year) Aug. 12, 1912

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Claude V. Cottier

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Owatonna (City or town) Minn. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva M. McCormick

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Ellington (City or town) Minn. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for life years, and that attendant (First name) (Last name), who attended this birth not known (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva M. Cottier Signature
311 Blaine, Caldwell, Ida. P. O. Address

Subscribed and sworn to before me this 8th day of February, 1945

(SEAL) [signature], Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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852-131-022-113

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 101031
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) Egin.
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. 1 St. Anthony
   (d) Name of Hospital or Maternity Home: At Parents Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Egin
   (d) Street Address or R.F.D. No. 1-St. Anthony
   (e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. **RESIDENCE OF FATHER** (city, state) Egin, Idaho

4. **FULL NAME OF CHILD** Austin M. Hess

5. Date of Birth of Child (Month, day, year) Oct. 31-1919

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orin M. Hess.
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Farmington Davis Co. Utah. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ann Saams Jackson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Paradise, Sachs Co. Utah. (City or town) (State or foreign country)
20. Exact Occupation Hess Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Ann Saams Jackson Hess (First name) (Last name) who is related as X (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Ann Saams Jackson Hess (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr W. R. West St Anthony, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ann Saams Jackson Hess. Signature

Pocatello, Idaho 222 E. Clark P. O. Address

Subscribed and sworn to before me this 14 day of Feb, 1945

(SEAL) Anna Keefe, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1945 by [illegible], Registrar

FEB 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 12-9885

DELAYED

745 224008-994

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 402144
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Horseshoe Bend
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 31 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Horseshoe Bend
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Horseshoe Bend,

4. **FULL NAME OF CHILD** Lena Gunderson

5. Date of Birth of Child (Month, day, year) January 24, 1912

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Kolbán Gunderson
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Bergon (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Louise Zimmer
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Dwight Illinois (City or town) (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Gunderson (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Cora Olsen ~~M.D.~~ Midwife Address Horseshoe Bend, Ida. Date Feb. 20, 1945

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1945 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-15-014-343

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAR 2 1946

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402183
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CANYON (b) City CALDWELL, IDA.
   (c) Street Address or R.F.D. No. 607 BELMONT ST.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 8 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CANYON
   (c) City CALDWELL
   (d) Street Address or R.F.D. No. 607 BELMONT ST.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) CALDWELL, IDA.

4. **FULL NAME OF CHILD** JOHN TUCKER BARNETTE.

5. Date of Birth of Child (Month, day, year) JUNE 15, 1912

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** WALTER HARRISON BARNETTE.
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace LOGANSPORT, INDIANA. (City or town) (State or foreign country)
14. Exact Occupation PRINTER
15. Industry or Business NEWS PAPER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAME SUSAN TUCKER
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace MARYSVILLE, IOWA. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE USED
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of OREGON
County of MULTNOMAH } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33YRS 6/15/45 years, and that DR. JOHN W. GUE. (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mame Susan Tucker Barnette Signature

AMBASSADOR APTS. APT. 306 — 1209 S.W. 6TH. AVE. PORTLAND P. O. Address

Subscribed and sworn to before me this FIRST day of MARCH, 1945.

(SEAL) Mae B. Daniels, Notary Public, residing at Portland Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Sept. 28, 1946

Received for filing on ____ by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar ~~for record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-104-008-391

402282

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402282
Local Reg. No.
Reg. Dist. No.

MAR 8 1945

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Alpha
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Alpha
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Alpha, Idaho

4. **FULL NAME OF CHILD** William F. Gifford

5. Date of Birth of Child (Month, day, year) May 4, 1912

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Cleve Gifford
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Garfield, Washington (City or town) (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Jane Crawford
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Kentucky (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — **Address** — **Date**

AFFIDAVIT

State of Idaho
County of Gem } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now XX 56 years of age, that I have known this person for 32 years, and that Effie Thear (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Jane Gifford Signature

Montour, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of March, 1945.

(SEAL) Margaret Smoke, Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1945 by , Registrar

MAR 30 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 · 124 028 · 238 403496 APR 2 1945

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 403496
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County gibs City idaho.
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: no
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) Sta gibs (b) County Idaho.
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Robert Parker
5. Date of Birth of Child (Month, day, year) Jan 24 1912
6. Sex son
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Robert Eli Parker
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Bruce mine wnt (City or town) (State or foreign country)
14. Exact Occupation mill work
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Miss Jennie Wren Schmitz.
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Helna montna state. (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Michigan
County of Delta } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for Life time years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Robert Parker Signature
✓ Rapid River P. O. Address

Subscribed and sworn to before me this 28 day of August, 1943

(SEAL) Richard Caswell, Notary Public, residing at Rapid River Michigan

My Comm Exp July 25/47

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

276 109 042 949

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 404578
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jack Rinaldo Spafford

5. Date of Birth of Child (Month, day, year) Jan. 9-1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis Delmar Spafford

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Syracuse (City or town) New York (State or foreign country)

14. Exact Occupation Editor

15. Industry or Business printing & publishing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Thilma Rinaldo

17. Color or Race White

18. Age at time of THIS birth yrs.

19. Birthplace Minneapolis (City or town) Minn. (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Flathead } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33 years, and that Dr Morgan (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thilma Rinaldo Spafford Signature
504-6th Ave E Kalispell, Montana P. O. Address

Subscribed and sworn to before me this 17th day of April, 1945.

(SEAL) Arthur Ward, Notary Public, residing at Kalispell, Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My commission expires November 18, 1945.

Received for filing on APR 23 1945 by Mabel Fuller, Registrar.

APR 2 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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404651

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404651
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** Catherine Mary Palmer

5. Date of Birth of Child (Month, day, year) Sept 24, 1912

6 Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Williams Henry Palmer
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Jones Palmer
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Malad, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Oneida } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 33 years of age, that I have known this person for 33 years, and that Dr. J. M. Keene (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Palmer Hyde Signature

Malad, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 1945.

(SEAL) Irene Clark, Notary Public, residing at Malad, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1945 by Mary Fraser, Registrar

MAY 18 1945

DEC 17 19[illegible]

DEC 11 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-209 014586

No 4694 404684

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404684
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (Gem) (b) City Emmett
   (c) Street Address or R.F.D. No. R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county One years ~~One~~ months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon (Gem)
   (c) City Emmett
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Ida

4. **FULL NAME OF CHILD** Arlene Delta Lavoe Wells

5. Date of Birth of Child (Month, day, year) Mar. 9th 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eddy Fletcher Wells
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Smith Center, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Scedilla Edwards
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Smith Center, Kansas. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silvol
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living ~~One~~ two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Frances Wells (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature R R Cummings M.D. ~~Midwife~~ Address Emmett Date 6-10-44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1945 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

395-201 201-236

APR 30 1945

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404692
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Grace Lindemulder

5. Date of Birth of Child (Month, day, year) Oct. 1, 1912

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Lindemulder
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) Netherland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Sloot
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Netherland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Jennie Lindemulder (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Stillwater } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. Stockton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Lindemulder Signature
Columbus, Montana P. O. Address

Subscribed and sworn to before me this 26th day of April, 1945

(SEAL) W. E. Craig, Clerk of Court, Notary Public, residing at Columbus

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1912-9250

392-225-039-244

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 404837
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland, Idaho

4. FULL NAME OF CHILD Elma Lish

5. Date of Birth of Child (Month, day, year) March, 25, 1912

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Henry Lish
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Sioux City (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Budge
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Power }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33 years, and that Emily (First name) Lish (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Lish Signature
Rockland, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of May, 1945

(SEAL) McCloskey Notary Public, residing at American Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1945 by Mary Hyder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-119-036-389

406047

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 61 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Helen Chivera Thomas

5. Date of Birth of Child (Month, day, year) Sept. 19, 1912

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Owens Thomas
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Chivera
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Utah, Calif.
County of Oneida, Alameda ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that Mrs. J. Marion Kerns (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Owen J. O. Thomas Signature

1946 Milvia Berkeley, Calif. P. O. Address

Notary Public in and for the County of Alameda, State of California

Subscribed and sworn to before me this 28th day of May, 1945

(SEAL)

Notary Public, residing at 2004-84 Ave

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1945 by ____, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-204-042-862

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406076
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Buhl, Idaho

4. **FULL NAME OF CHILD** Phyllis Nadine Munn

5. Date of Birth of Child (Month, day, year) Sept. 4, 1912

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orrin Lee Munn
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Athens (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Hobson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of OREGON
County of BAKER } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 32 years, and that no person present (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

R. C. FRISBIE, Notary Public
State of Oregon
My Commission Expires March 26, 1948

O Le Munn Signature
P. O. Address

Subscribed and sworn to before me this 4th day of June, 1945

(SEAL) R C Frisbie, Notary Public, residing at Baker Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1945 by Mabel Felder Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 5 1945

DEC 2 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-102001-689

407303

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407303
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1415 State Street
   (d) Name of Hospital or Maternity Home: Home Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 1 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1415 State Street
   (e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Eugene Whitney Shellworth

5. Date of Birth of Child (Month, day, year) April 2, 1912

6. Sex Male

7. Twin or Triplet Sole If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Campbell Shellworth
11. Color or Race (White ~~U.S. Citizen~~
12. Age at time of THIS birth 35 yrs.
13. Birthplace Commanche, Texas (City or town) (State or foreign country)
14. Exact Occupation Forester
15. Industry or Business Lumber Manufacturing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Braden Whitney
17. Color or Race (U.S. Citizen White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Osborn, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Dr. George A. Collister (First name) (Deceased) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for ____ years, and that Dr. George A. Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Stella Whitney Shellworth Signature

Boise, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1945

(SEAL) [signature], Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 23 - 1945 by Mabel F. Elder, Asst, Registrar

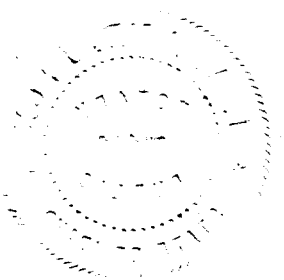
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



295-12-003-263

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407320
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BANNOCK (b) City Pocatello
   (c) Street Address or R.F.D. No. MAIN STREET
   (d) Name of Hospital or Maternity Home: BIRTH AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BANNOCK
   (c) City POCATELLO
   (d) Street Address or R.F.D. No. 637 MAIN ST
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello IDA

4. **FULL NAME OF CHILD** REED ELLIS BILLS

5. Date of Birth of Child (Month, day, year) 4/2/12

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LORENZO R. BILLS
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace SALT LAKE CITY (City or town) UTAH (State or foreign country)
14. Exact Occupation HOTEL OPERATOR
15. Industry or Business HOTEL

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ROSA BILLS
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace SANDY (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was April 2 1912 (Born alive, stillborn) at 12:05 M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. E. W. GRANGER (First name) (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address PHYSICIAN — Date DECEASED

AFFIDAVIT

State of IDAHO
County of BANNOCK } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that DR. WOOLY (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs E. W. Granger Signature

% 290 - 13th STREET P. O. Address

Subscribed and sworn to before me this 15 day of June, 1945.

(SEAL) [illegible], Notary Public, residing at Idaho Falls Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1945

OCT 13 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child from prior to the effective date of [redacted] 1911 Session Laws, has not been registered in case of fail[redacted] any birth which has occurred subsequent to such date, such [redacted] be received and filed by the local registrar for record in th[redacted] Vital Statistics for the purposes and fees prescribed in Ch[redacted] 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 38 / 228035 - 269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407353
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Arrow, Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at residence of Mother
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Arrow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) Arrow Idaho

4. **FULL NAME OF CHILD** Emma Elizabeth Sayles

5. Date of Birth of Child (Month, day, year) March 28 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Frank Sayles
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Not Known (City or town) Germany (State or foreign country)
14. Exact Occupation Blacksmith & Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Rosa Sarmon
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Peshtigo (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ethar
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.) - Both Deceased

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for life years, and that (Not known) (First name) Dr. Lewis (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Dano Signature

Lapwai Idaho P. O. Address

Subscribed and sworn to before me this 10th day of July, 1945.

(SEAL) [signature], Notary Public, residing at Lapwai, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 12 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959 202032-331 408474

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408474
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Richfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Richfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Richfield, Ida.

4. **FULL NAME OF CHILD** Marie Alice Reilly

5. Date of Birth of Child (Month, day, year) July 2, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Reilly
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Longford, Ireland (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Idaho Irrigation Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary C. Clark
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Dublin, Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Mary (First name) McQuillan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Joe Reilly Signature

108 Main St P. O. Address

Subscribed and sworn to before me this 21st day of August, 1945

(SEAL) Mary Felder, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1945 by Mary Felder, Registrar

AUG 22 1945
AUG 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-102-026-386

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT - 1 1945

State File No. 410838
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jerome (b) City Eden
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Eden
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 ~~Mos.~~ Yrs.

3. **RESIDENCE OF FATHER** (city, state) Eden, Idaho

4. **FULL NAME OF CHILD** John William McBee

5. Date of Birth of Child (Month, day, year) Nov. 2, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Eddington McBee
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Smithville, Tenn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winnie Francis Thompson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Mtn Home Ark. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Whatcom }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 32 years, and that Mrs. Davis (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ova McGee Blackstone Signature
2406 Lafayette St. P. O. Address

Subscribed and sworn to before me this 8th day of August, 1945

(SEAL)

Ray Chamberlain, Notary Public, residing at Bellingham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by Mark Field, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-124-005-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410850
Local Reg. No.
Reg. Dist. No.

SEP 22 1945

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home? Born in home
(e) Mothers stay BEFORE delivery: In THIS county 1 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City St. Maries
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) St. Maries, Idaho

4. FULL NAME OF CHILD Daniel Thorpe Smith

5. Date of Birth of Child (Month, day, year) Mar. 24, 1912

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Omer E. Smith
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Stevensville (City or town), Texas (State or foreign country)
14. Exact Occupation Yard manager
15. Industry or Business Lumber Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Crittie Thorpe ~~Smith~~
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Nevada (City or town), Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Arizona
County of Gila } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Dr. (First name) Platte M.D. (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Crittie Thorpe Smith Signature
Box 193 Inspiration, Ariz. P. O. Address

Subscribed and sworn to before me this 15 day of Sept., 1945.
(SEAL) Clyde Shute, Notary Public, residing at Globe, Ariz.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Oct 14, 1945.

Received for filing on OCT 4 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1973

OCT 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-210-032-415

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410880
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Richfield
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 1 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Richfield
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Richfield

4. **FULL NAME OF CHILD** Marion Lilifred Crane

5. Date of Birth of Child (Month, day, year) Aug. 10 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Winfield Crane
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Marion (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilian Frances Davis
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation Bookkeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Mrs. L. C. Davies (First name) (Last name), who attended this birth now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lilian F. Crane Signature

1017 no 12th St Boise P. O. Address

Subscribed and sworn to before me this 28 day of September, 1945

(SEAL) L. M. Greene, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1945 by Mabel Hyde, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

754-139-019 453

411953

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CUSTER (b) City CLAYTON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CUSTER
   (c) City CLAYTON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** LAWRENCE PEDRINI

5. Date of Birth of Child (Month, day, year) JULY 29, 1912

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** PETER PEDRINI
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace ITALY (City or town) (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** KATHERINE DEL BONDIO
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace ITALY (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of IDAHO
County of CUSTER } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that ALICE (First name) CAMPBELL (Last name), who attended this birth, IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Pedrini Signature

CLAYTON, IDAHO P. O. Address

Subscribed and sworn to before me this 18TH day of OCTOBER, 1945.

(SEAL) R R Barteri, Notary Public, residing at CHALLIS, IDAHO.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1945 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Amended Nov. 13, 1945

168-129-001-864

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412033
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Route 2
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** DWIGHT MARVIN JOHNSON

5. Date of Birth of Child (Month, day, year) MARCH 29, 1912

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leslie Johnson
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Castile, Pa. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Gertrude Young
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Castile, Pa. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for life years, and that Daisy Johnson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Johnson Signature

Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of Nov., 1945

(SEAL) Mabel F. Elder, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 13, 1945 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 410038

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dwight Marvin Johnson (Name on Original Certificate) who was born (Was Born or Died) on March 29, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by newspaper clipping (Bible Record, Insurance Policy, Etc.) prepared on June 27, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	March 29, 1911	March 29, 1912

Subscribed and sworn to before me this 6th day of Nov., 1952.

R.D. Barton

Notary Public, residing at Boise, Idaho.
My commission expires July 9, 1954
(Seal)

Signed Mae G. Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Twp St. Rt. #8 Boise, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of November, 1952.

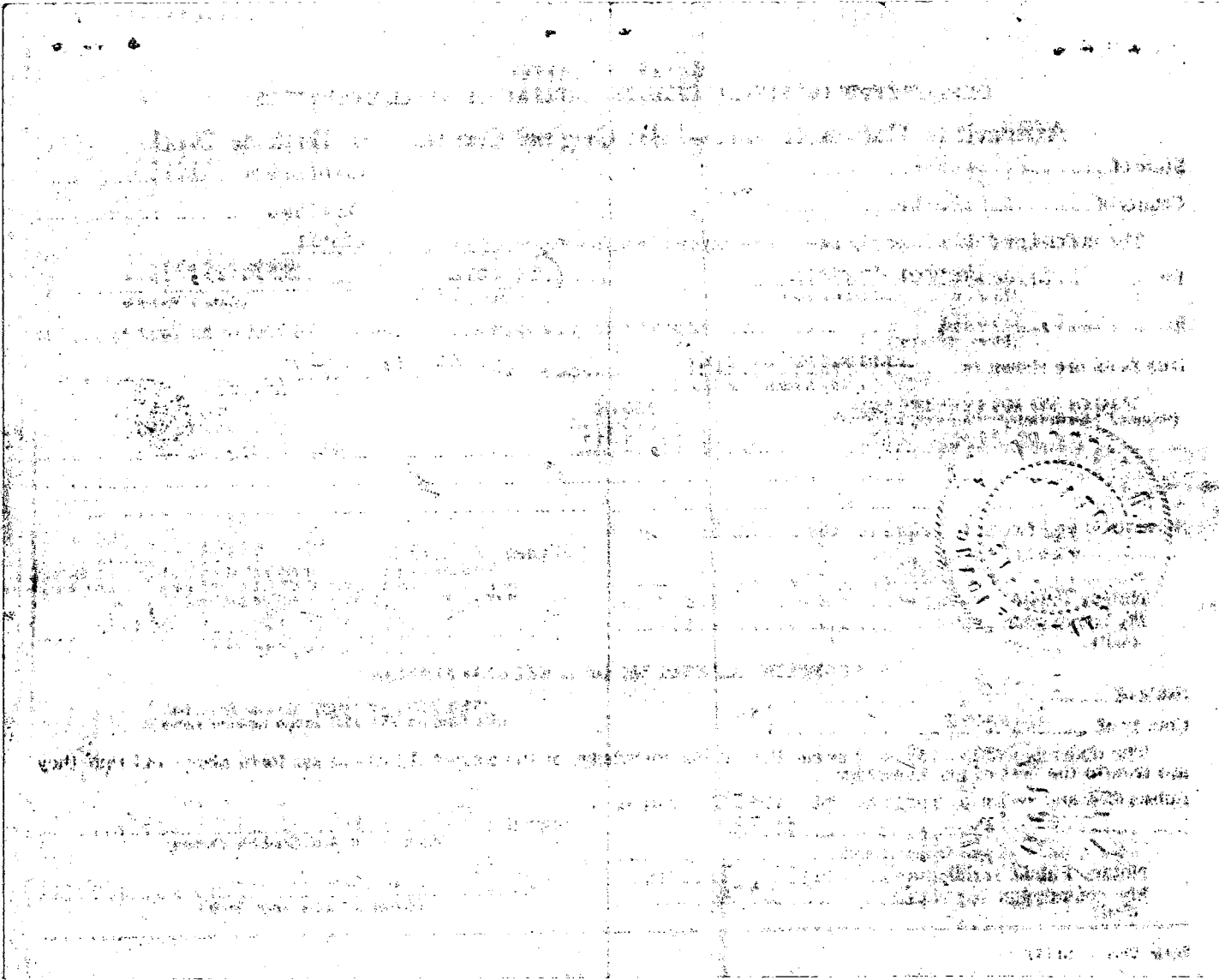
[illegible]

Notary Public, residing at Caldwell, Idaho
My commission expires July 26 1954
(Seal)

Signed Bernice J. Allen
(Signature of Any Credible Person)

R#3 Caldwell, Idaho
(Street Address, City, State)

FORM DPH - 51117



412033

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412038
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Route 2
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Wright Marvin Johnson

5. Date of Birth of Child (Month, day, year) March 29, 1911

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leslie Johnson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Castile Pa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Gertrude Young
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Castile Pa. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for Life years, and that Grace Johnson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Johnson Signature

Eagle Bridge Idaho P. O. Address

Subscribed and sworn to before me this 13th day of Nov 1945

(SEAL) Mabel Felder, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1945

NOV 28 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

249-105 022 493

413134

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413134
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City Ora
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 11 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ora
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ora, Idaho

4. **FULL NAME OF CHILD** Rulon Kenneth Smith

5. Date of Birth of Child (Month, day, year) May 5, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Franklin Smith
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Desseret, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Elizabeth Mitchell
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Custer } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Mrs. Cunningham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith E. Jensen Signature

Mackay, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of December, 19 45.

(SEAL) D. H. Greene, Notary Public, residing at Mackay, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-213 021-212 413154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 413154
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Franklin Idaho

4. FULL NAME OF CHILD Zelma Jennette Durrant

5. Date of Birth of Child (Month, day, year) 5-13-1912

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME James Leroy Durrant
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Ann Baker
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Market Lake (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmers Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 p M. on the date and at the place stated above, and that personal particulars were furnished by James LeRoy (First name) Durrant (Last name) who is related as Father (Mother, etc.)

25. ~~Attendant's~~ Fathers OWN signature James Leroy Durrant M.D. ~~Midwife~~ Address Twin Falls, Idaho Date 12-26-45

State of Idaho
County of Jerome } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Ellen (First name) Morgan (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Leroy Durrant Signature
Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of December, 1945

(SEAL) Estella H. Perce, Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1946 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 16 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294 125 016-449

413178

413178

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413178
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Almo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Almo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? lo yrs.

3. **RESIDENCE OF FATHER** (city, state) Almo Idaho at time of this birth

4. **FULL NAME OF CHILD** William Wallace Bruesch

5. Date of Birth of Child (Month, day, year) Nov. 25, 1912

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Jake Bruesch
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Central, New Mexico (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Durfee
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Cassia }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for since birth years, and that Annie Green, mid wife (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John W. Bruesch Signature

Almo, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of February, 1946

(SEAL) Mack W. Crouch, Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1946 by Mary Reed, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-21-033-495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 415330
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Sugar
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Sugar City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Elizabeth Stone

5. Date of Birth of Child (Month, day, year) Jan 11, 1912

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Calvin Stone
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Salem Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Dredge
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Malad Idaho (City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33 years, and that Dr. James R. Shupe (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hettie Lusk. Signature
Sugar city, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of Oct, 19 45

(SEAL) [signature] Clerk of District Court ~~Notary Public~~, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1946 by Mabel Felder, Registrar

Pd

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1969

SEP 12 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-215-006-343

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 416299
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Dr. Cutlers Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Ida

4. **FULL NAME OF CHILD** Grace Ana [redacted] Cutler

5. Date of Birth of Child (Month, day, year) May 15, 1942

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? No

FATHER OF CHILD

10. **FULL NAME** Norman Nielson
11. Color or Race White
12. Age at time of THIS birth 5 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Genevieve Cutler
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Kendale, Utah (City or town) (State or foreign country)
20. Exact Occupation student
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:30 AM. on the date and at the place stated above, and that personal particulars were furnished by Genevieve (First name) Cutler (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida Date 12-15-42

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1943 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-121-006-753 1946 FEB 21

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 416314
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Firth
   (c) ~~Street Address or~~ R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years 6 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Firth
   (d) ~~Street Address or~~ R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 18½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Firth Idaho

4. **FULL NAME OF CHILD** Edwin Joseph Styhl

5. Date of Birth of Child (Month, day, year) Oct. 21, 1912

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Styhl
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Bjorsater (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Selma Wilhelmenia Peterson
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Manson (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum ¢
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Selma (First name) Styhl (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Bingham }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 71 years of age, that I have known this person for 33 years, and that Justina (First name) Peterson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Selma W. Styhl Signature

Firth, Idaho Box 102 P. O. Address

Subscribed and sworn to before me this 22 day of Feb., 1946

(SEAL) ____, Notary Public, residing at Firth Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 8 1973

AUG 6 1946

Vol 92

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not~~ been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-27-039-753

416385

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416385
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County POWER (b) City ROCKLAND
   (c) Street Address or R.F.D. No. Gen Del
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: AT HOME
   In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County POWER
   (c) City ROCKLAND
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) ROCKLAND Ida

4. **FULL NAME OF CHILD** BERNICE ROBINSON

5. Date of Birth of Child (Month, day, year) 3-27-1912

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HENRY LAWRENCE ROBINSON
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace ROCKLAND IDAHO (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FERN PECK
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace BLUFFDALE UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by FERN P. ROBINSON (First name) (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of IDAHO
County of POWER } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that SARAH (First name) LASLEY (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Fern Robinson Signature
Rockland Idaho. P. O. Address

Subscribed and sworn to before me this 17 day of April, 1946.
(SEAL)
Robert D. Young Jr., Notary Public, residing at Am. Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1946 by Mary Felder, Registrar

APR 26 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-219-013-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAR 22 1946

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417308
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Camas (b) City Corrall, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none (at home)
(e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Camas
(c) City Corrall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** SARAH ELSIE HARRISON

5. Date of Birth of Child (Month, day, year) AUG 19 1912

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Grant Harrison
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace St. Paul, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Catherine Ford
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Rogers, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9 (10-born--1 deceased)

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ada Catherine Ford (First name) (Last name) who is related as mother (Mother, etc.)

NO ATTENDANT

25. Attendant's **OWN** signature none M.D. Midwife Address none Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for since birth years, and that no attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ada Catharine Ford Harrison Signature
9403 N. Tioga St., Portland, Oregon P. O. Address

NOTARY PUBLIC FOR OREGON
My Commission expires Dec. 12, 1948

Subscribed and sworn to before me this 4th day of March, 1946

(SEAL) F. P. McComb, Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 24 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter ~~191, 1911 Session Laws~~, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-229-002-757

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417330
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Council
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Council
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gen. Del.

4. **FULL NAME OF CHILD** Hazel Lucille Brown

5. Date of Birth of Child (Month, day, year) May 29, 1912

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ira Anticetus Brown
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Roanoke, Illinois (City or town) (State or foreign country)
14. Exact Occupation General building
15. Industry or Business --

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Leach
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Chicago Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ira A. Brown (First name) (Last name) who is related as Father. (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of California
County of Los Angeles. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for since birth years, and that Dr. Brown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Leach Brown Signature

478 12th St. San Pedro, Cal. P. O. Address

Subscribed and sworn to before me this 26th day of March, 1946.

(SEAL) Beatrice E. Hards, Notary Public, residing at San Pedro, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1946 by Mary Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar for record in the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Duplic 1912-12354

859-204 - 030-3453

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417337
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Herndon residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county five years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon, Ida.

4. **FULL NAME OF CHILD** Jane Decker Herndon

5. Date of Birth of Child (Month, day, year) August 4, 1912

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roy Bushong Herndon
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lebanon, Missouri (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Scott Decker
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Ontario, Indiana (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver notrate 1%
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11.00 a. M. on the date and at the place stated above, and that personal particulars were furnished by Edith Herndon (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature O. T. Stratton M.D. Midwife Address Salmon, Idaho Date 3/25/46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 16 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-217 001 419

419626

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419626
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Esther Myrtle Miller

5. Date of Birth of Child (Month, day, year) June 17, 1912

6. Sex white

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Harry Miller
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alta Maria Martin
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cawker City (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 34 years, and that Dr. George (First name) Callister (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate aboye are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alta M Miller Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of July, 1946.

(SEAL) ..... Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1946 by ..... Registrar

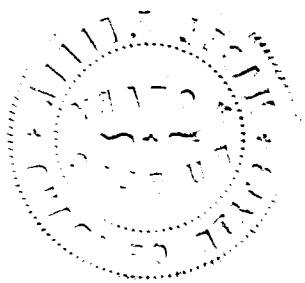
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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419633

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 419633
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1509 No. Eighth St.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1509 No. Eighth St.
   (e) How long has **MOTHER** lived in Idaho? four yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Phyllis Marie Wilson

5. Date of Birth of Child (Month, day, year) October 3, 1912

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Philip Wilson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Chattanooga (City or town) Tennessee (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Wholesale Grocery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Elizabeth Klumb
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Jackson (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business –

22. Name prophylactic used to prevent Ophthalmia Neonatorum –
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 33 years, and that Dr. (First name) Smith (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie E. Wilson Signature
1347 Green St San Francisco P.O. Address

Subscribed and sworn to before me this 8th day of July, 1946.

(SEAL)

Mabel Phelps Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

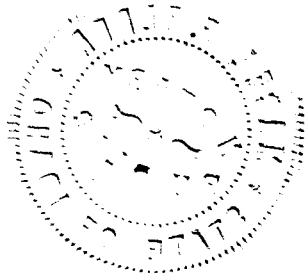
Received for filing on 8th July 1946 by Mabel Phelps, Registrar.

JUL 8 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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420662

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No Lincoln & Main Sts
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No Lincoln & Main
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Richard Wayne Barnes

5. Date of Birth of Child (Month, day, year) Aug. 20, 1912

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Demas Richard Barnes
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Reta Elizabeth Reynolds
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Nez Perce }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Dr. Cecil Sansing (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Reta E. Barnes. Signature
127-16th St., Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of November, 1945.
(SEAL) Ruth V. Akins Notary Public, residing at Lewiston, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1946 by Mary Fields, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-202-010-962

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420693
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: C Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dorothy Jessie Robison

5. Date of Birth of Child (Month, day, year) July 2, 1912

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David George Robison
11. Color or Race American
12. Age at time of THIS birth 24 yrs.
13. Birthplace Lyman (City or town) Idaho (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Bertha Wallis Robison
17. Color or Race American
18. Age at time of THIS birth 20 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. **Number of children of this mother:** (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Jessie (First name) Robison (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature C M Clune M.D. Midwife Address Idaho Falls, Ida Date 6/13/46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1946 by Mabel Holder, Registrar

JUL 9 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

mH 7A-115006-369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420714
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Aberdeen
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Aberdeen
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Monroe Parsons

5. Date of Birth of Child (Month, day, year) May 15 1912

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George William Parsons
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Brigham City, Utah Box Elder Co (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Annie Comford
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Kent England (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living Ans

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for [redacted] years, and that Father George William Parsons (First name) (Last name), who attended this birth [illegible] (Is now deceased) or (Cannot be contacted) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose A Parsons Signature

P. O. Address

Subscribed and sworn to before me this 10 day of July, 1946.

(SEAL) H B Wiebe, Notary Public, residing at Aberdeen

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1946 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 29 1946

SEP 26 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-222040-485

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420723
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. Main
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mothers stay BEFORE delivery: In THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. Main
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Dorothy Perry

5. Date of Birth of Child (Month, day, year) 4/22/1912

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas John Perry
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Helston (City or town) - Cornwall - England (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Dyer
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Camborne (City or town) - Cornwall England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Nevada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Dr. Mason (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas John Perry Signature
383 Clark St - Grass Valley - Calif P. O. Address

Com. expires 6-27-49

Subscribed and sworn to before me this 1st day of April 1946

(SEAL) Dana Breckinridge, Notary Public, residing at Grass Valley, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 423275
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Heglar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 9 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Heglar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Heglar, Ida

4. FULL NAME OF CHILD Bertha Clara Palmer

5. Date of Birth of Child (Month, day, year) Dec. 10, 1912

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Clinton Palmer
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Preston (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Grace Abbott
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 A. M. on the date and at the place stated above and that personal particulars were furnished by Gertrude Abbott (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature C. E. Sater M.D. Midwife Address Albion Date Idaho

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1946 by John W. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of any birth which has occurred subsequent to such [illegible] may be received and filed by the local registrar for [illegible] Bureau of Vital Statistics for the purposes and [illegible] provided in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423292
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Idaho
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Home home
(e) Mothers stay BEFORE delivery: In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Landing
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Landing Idaho

4. FULL NAME OF CHILD Eunice Elizabeth Stewart

5. Date of Birth of Child (Month, day, year) Nov. 29, 1912

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Noah Warren Stewart
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Gertrude Stewart
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Callfort (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Gertrude Stewart Signature
Clearfield Ut. P. O. Address

Subscribed and sworn to before me this 9th day of June, 1946.
(SEAL) R W Mitchell, Notary Public, residing at Ogden Ut.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-201-003-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426120
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Rail Road Ave
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Rail Road Ave
(e) How long has MOTHER lived in Idaho? 16 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Isabell Francina Roberts

5. Date of Birth of Child (Month, day, year) March-1-1912

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Normand Clark Roberts
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Shelly (City or town) Idaho (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laurinda Isabell Wilson
17. Color or Race White
18. Age at time of THIS birth 16 1/2 yrs.
19. Birthplace Soldier (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Curry } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 34 years, and that Doctor Wilson (First name) (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laurinda Isabell Brown Signature
PO Box 241 - Brookings Oregon P. O. Address

Subscribed and sworn to before me this 5th day of November, 1946.

(SEAL) Alvilda H. Gardner, Notary Public, residing at Brookings
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Expires [illegible] 1947

Received for filing on NOV 13 1946 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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691-119-019-514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431950
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CUSTER (b) City MACKAY
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: In own home
(e) Mothers stay BEFORE delivery: In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Macky~~ Custer
(c) City Macky
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Macky, Idaho

4. FULL NAME OF CHILD Francis Melvin Frary

5. Date of Birth of Child (Month, day, year) July 19, 1912

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Andrew Jackson Frary	16. FULL MAIDEN NAME Francis Mabel Vaughn
11. Color or Race white 12. Age at time of THIS birth 38 yrs.	17. Color or Race white 18. Age at time of THIS birth 26 yrs.
13. Birthplace unknown (City or town) United States (State or foreign country)	19. Birthplace North Dakota (City or town) United States (State or foreign country)
14. Exact Occupation common labor	20. Exact Occupation house wife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 34 years, and that the doctor, and nurse, Mrs. Warren (First name) (Last name), who attended this birth are both dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frances A. Cummings Signature
225 Henley Ave., Moscow, Ida. P. O. Address

Subscribed and sworn to before me this 24th day of February, 1947.
(SEAL) BESSIE BABCOCK, Clerk, Dist. Court, ~~Notary Public~~, residing at Moscow, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Rose E. Lawson Deputy.

Received for filing on MAR 5 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1966

MAR 10 1947

SEP 12 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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366-218-014-695

431971

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431971
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Mercy Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 6 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. Miles Rooming House
   (e) How long has **MOTHER** lived in Idaho? 6 mos.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Gene Louise Cooper

5. Date of Birth of Child (Month, day, year) Apr. 15, 1912

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Winfred Ray Cooper
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace West Plains, Mo. (City or town) (State or foreign country)
14. Exact Occupation ~~Farming~~ Street Car Motorman
15. Industry or Business ~~Farming~~ Transportation

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verna Fink
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Vancouver (City or town) Washington (State or foreign country)
20. Exact Occupation Housemaid
21. Industry or Business Rooming House

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that unknown (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Winfred Ray Cooper Signature

Route 1, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of March, 1947

(SEAL) N. J. Wyman Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 31, 1947 by John W Wright Registrar

MAR 31 1947

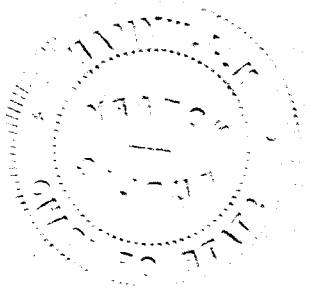
DEC 12 1961

MAY 13 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719-14-208-289 433386 433386

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United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433386
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Boise
   (c) Street Address or R.F.D. No. Franklin Rd
   (d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Franklin
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** John Cyril Parker

5. Date of Birth of Child (Month, day, year) 11-14-1912

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Stephen Parker
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Athlone (City or town) West Meath Co Ireland (State or foreign country)
14. Exact Occupation Wholesale & Retail Liquor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anne Maria Shea
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Calumet (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 3%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of San Francisco } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for Life years, and that ____ (First name) ____ (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Anne M Parker Signature

1896 Pacific Ave S.F. P. O. Address

Subscribed and sworn to before me this 21st day of March, 1947.

(SEAL) E. J. Perma Notary Public, residing at San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires Aug. 3, 1951

In and for the City and County of San Francisco, State of California

Received for filing on APR 5 1947 by ____ Registrar

My commission expires Aug. 3, 1951

APR 7 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751 227-033 433

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 434992
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Rexburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rexburg
   (d) Street Address or R.F.D. No. 336 W Main
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** Sylvia Lee Breck Pearson

5. Date of Birth of Child (Month, day, year) April 27, 1942

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Otto Walter Pearson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Malmo (City or town) Sweden (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Joan McCulloch
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:55 P.M. on the date and at the place stated above, and that personal particulars were furnished by Otto W Pearson (First name) (Last name) who is related as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Madison } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 25 years, and that Dr. Heather (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Otto W Pearson Signature

Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 7 day of May, 1947.

(SEAL)

Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1947 by John W Wright, Registrar

MAY 13 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

554-226-009-132

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436386
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sand Point
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Clara Mae End

5. Date of Birth of Child (Month, day, year) Feb. 26, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Antoine End
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Summerville Oregon (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Various

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Oneta Atkinson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Helix Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ **Address** ____ **Date** ____

AFFIDAVIT

State of Oregon, County of Union } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 63 years, and that Grace Cunningham (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located); further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oneta Atkinson End Signature

Rt. 1, La Grande, Oregon P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1947.

(SEAL) Oneta Johnson Notary Public, residing at La Grande Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission expires 4/6/51

Received for filing on JUN 10 1947 by John W Wright Registrar

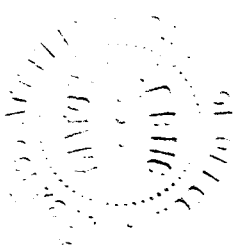
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



294-207-042-289

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 436421
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County twin falls (b) City Kimberly
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Kimberly
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kimberly, Ida

4. **FULL NAME OF CHILD** Ruth Maeberta Kimpton

5. Date of Birth of Child (Month, day, year) April 7, 1912

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Osborn Albert Kimpton
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace near Naf, Idaho, Cassia County (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Annie Shriver
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Huntsville, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Twin Falls } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Dr. J. J. Whyte (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. A. A. Kimpton Signature

Twin Falls, Ida 1646 Kimberly Rd. P. O. Address

Subscribed and sworn to before me this 19 day of May, 19 47.

(SEAL) Ruth K. Jones, Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see sec. 17-914, Idaho Code Annotated.)

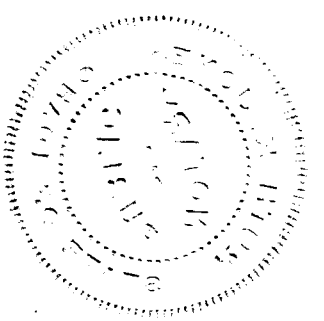
Received for filing on JUN 18 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



314-228-029-443 437880

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437880
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. N. Main St.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 7 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. N. Main St.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Ruth May Campbell

5. Date of Birth of Child (Month, day, year) Nov 28 1912

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Richard Ezra Campbell
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Wayne County Illinois (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Penelope Duckett
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Asheville North Carolina (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 34 years, and that Mrs. Quindett (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia P. James Campbell Signature
R.L.T. Box 132 Buckley Wn. P. O. Address

Subscribed and sworn to before me this 31st day of July, 1947
(SEAL) [signature], Notary Public, residing at Buckley
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 1 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-24:035-469

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437899
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Nezperce
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 9 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Nezperce
   (d) Street Address or R.F.D. No. ✓
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nezperce Idaho

4. **FULL NAME OF CHILD** Margaret Mockler Swift

5. Date of Birth of Child (Month, day, year) January 14 1912

6. Sex Female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lincoln N. Swift

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Upper Sandusky (City or town) Ohio (State or foreign country)

14. Exact Occupation Banker

15. Industry or Business Banking

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Mockler

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Weymouth (City or town) Nova Scotia (State or foreign country)

20. Exact Occupation Home ~~wife~~ Clerk

21. Industry or Business Home ~~wife~~ Merchandise

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California, County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 35 years, and that Dr. John Lee (First name) Kelly (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lincoln N. Swift Signature

Ocean Park, California P. O. Address

Subscribed and sworn to before me this 21st day of July, 1947

(SEAL) Wm. J. Thornburg Notary Public, residing at Santa Monica

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 24 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439408

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 439408
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Alexander
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Alexander
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8½ yrs.

3. RESIDENCE OF FATHER (city, state) Alexander Ida

4. FULL NAME OF CHILD Velma Rosalie Jones

5. Date of Birth of Child (Month, day, year) Jan. 2. 1912

6 Sex F.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Washington Jones
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Springarden (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Ellen Sanders
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Wetmore (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 9-a M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of San Bernardino. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 35 years, and that Mrs. Nelson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Ellen Jones Signature
1279 Birch St San Bernardino Calif. Address

Subscribed and sworn to before me this 20th day of August, 1947
My Commission Expires June 26 1947 (SEAL) H H Lynn Notary Public, residing at San Bernardino, California.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391 101 003-13

440819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440819
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? always

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Earl Trappett

5. Date of Birth of Child (Month, day, year) Nov 1 1912

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John William Trappett

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace Morgan (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zelda Mary Collins

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace Bench (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: 4 (a) At time of birth and including this child 3 (b) Born alive and now living all

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that John Hyrum Hubbard M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Mrs Zelda Trappett Signature
1535 No Garfield P. O. Address

Commission expires 7-5-48

Subscribed and sworn to before me this 27 day of August, 1947.

(SEAL) Carole Bistline, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

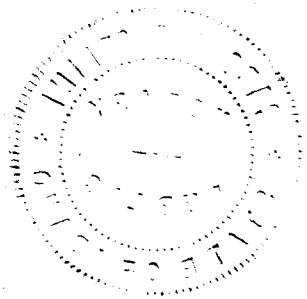
8042

AUG 26 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



259 127003-219 440828

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440828
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No. #1 (Redrock)
(d) Name of Hospital or Maternity Home: At our dwelling
(e) Mothers stay BEFORE delivery: In THIS county 33 years 10 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey. Route #1 (Redrock)
(d) Street Address or R.F.D. No. Route # 1
(e) How long has MOTHER lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Alvin Paul Bertoch
5. Date of Birth of Child (Month, day, year) Nov. 27, 1912
6 Sex Male
7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel Hampton Bertoch
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business John Stocking

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Matilda Barger
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Orford, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business In Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name) who is related as Julia Ellen Barger, my grandmother was the midwife and she is dead. (Mother, etc.) She died in ~~[illegible]~~ Sept 8 1932

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 34 years, and that Julia Ellen Barger (My Mother) (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Matilda Bertoch Signature
675 W. 4th Ave. Eugene, Ore. P. O. Address

Subscribed and sworn to before me this 27th day of August 1947
(SEAL) Ralph B Lake, Notary Public, residing at Eugene, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1947 by John W Wright, Registrar
My Commission as a Notary expires June 28, 1950

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 1973

SEP 3 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-221-025-519 442223 442223

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442223
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Stites Idaho

4. FULL NAME OF CHILD Ruby Irene Reeves

5. Date of Birth of Child (Month, day, year) May 21, 1912

6 Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Leonard Reeves
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Waha (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Carolin Earl
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Steptoe (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Margaret (First name) Reeves (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 35 years, and that Dr Snyder (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Reeves Signature

P. O. Address

Subscribed and sworn to before me this 6 day of Oct 1947

(SEAL) A N Rognstad, Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETE envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No ing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-118-014-255 442254

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442254
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: —
(e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 11 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Henry Thiel, Jr.

5. Date of Birth of Child (Month, day, year) Sept. 18, 1912

6 Sex Male

7. Twin or Triplet — If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Thiel
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kolb (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Benzel
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Kolb (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Kate (First name) Thiel (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate Thiel Signature
R 2 Parma, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of Oct. 1947

(SEAL) W. Muehler, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1947 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 21 19
OCT 23 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213 104009-513

445040

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 445040
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNER (b) City PRIEST RIVER
   (c) Street Address or R.F.D. No. #1
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNER
   (c) City PRIEST RIVER
   (d) Street Address or R.F.D. No. #1
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) PRIEST RIVER

4. **FULL NAME OF CHILD** STANLEY SACCOMANNO

5. Date of Birth of Child (Month, day, year) JUNE 4, 1912

6 Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOSEPH SACCOMANNO
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) ITALY (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA NACCARATO
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace (City or town) ITALY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Elizabeth Kuper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Saccomanno Signature
Priest River Idaho P. O. Address

Subscribed and sworn to before me this 23 day of Dec, 1947
(SEAL) Georgia Hagman McGee, Notary Public, residing at Priest River Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12/26/47 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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619-212-035-231

446292 446292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lenwick
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Birth at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years ~~6~~ months 3 days 27

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lenwick
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Frances Maxine Faris

5. Date of Birth of Child (Month, day, year) July 12, 1912

6. Sex Female

7. ~~Twin~~ or ~~Triplet~~

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert George Faris
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Page Co. Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Ellen Black
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Berea, Kans. (City or town) (State or foreign country)
20. Exact Occupation Housewife, teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 P. M. on the date and at the place stated above, and that personal particulars were furnished by Edith Faris Bailey (First name) (Last name) who is related as Sister (Mother, etc.)

25. Attendant's **OWN** signature Edith F. Bailey M.D. Midwife Address 1314 Rialto Ave, Colton, Calif. Date July 14, 1947

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of WASHINGTON
County of KING } ss.

I the undersigned, being first duly sworn, say that I am the ~~Mother~~ Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 ~~56~~ years of age, that I have known this person for 35 years, and that [redacted] (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Flora Ellen Hanlon (mother) age 77 Sterling, Kansas.

Edith F. Bailey (sister) Signature
1314 Rialto Ave. Colton, Calif. P. O. Address

Subscribed and sworn to before me this 14th day of July, 19 47

(SEAL)

Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12/31/47 by [illegible] Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-212-029-864

446296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 446296
Local Reg. No. 446296
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) ~~Street Address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Ida

4. **FULL NAME OF CHILD** Luzena Mildred Jones

5. Date of Birth of Child (Month, day, year) Sept. 12, 1912

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Benton Jones
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace North Platte, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Jane Young
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Caplingers Mill, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Latah }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Dr. W. A. Adair (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Jane Jones Signature

Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 1947.

(SEAL) Jack McQuade Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1/2/48 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 3 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-23-039-367 447748 447748

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447748
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Irene White

5. Date of Birth of Child (Month, day, year) 11, 23, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Harrison White
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Cedar Fort (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Varian Coplan
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Beaver (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at P.M. on the date and at the place stated above, and that personal particulars were furnished by Rachel White (First name) (Last name)

who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Rachel [illegible] M.D. Midwife Address Date

AFFIDAVIT

State of ##### Idaho } ss.
County of Power }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Emily Lish (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Rockland, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of March, 1947

(SEAL) [signature], Notary Public, residing at Rockland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1948 by John W Wright, Registrar

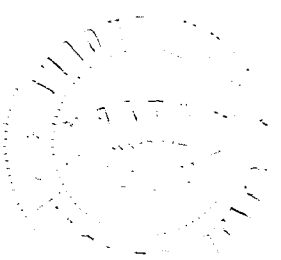
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 20 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE#2004-0012

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LaVera May Talbott

2. Date Of Birth (month) (day) (year): November 9, 1912

3. Sex: Female

4. Place of Birth: at home on farm; a. County: Lowis; b. City or Town of Birth: Ilo (Craigmont)

FATHER

5. Full Name of Father: Clarence Elzy Talbott

6. State or Country of Father's Birth: Polk County, Oregon

MOTHER

7. Full Maiden Name of Mother: Eunice Jane Westall

8. State or Country of Mother's Birth: Buncomb County, North Carolina

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: LaVera May Kirkwood

10. Present Address of Registrant: Box 8844 (222 N. Jefferson) Moscow, Idaho 83843

NOTARY (Seal)

Subscribed and sworn to before me on: May (mo.) 4 (day) 2004 (yr.)

11. Signature of Notary: Laura M Walker

12. Notary Commission expires: 11 (mo.) - 4 (day) 2007 (yr.)

LAURA M. WALKER NOTARY PUBLIC STATE OF IDAHO

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Census Record 1920
By whom issued and signed: US Census Bureau
Date Issued: Jan.16 & 17, 1920
Date Orig. Entry: Jan.16 &17, 1920

Date of Birth: age: 7yrs.
Birth Place: Idaho
Full Name of Mother: Eunice J. Talbott
Name of Father: Clarence Talbott

SUPPORTING RECORD 2.

Type of Document: University transcript
By whom issued and signed: University of Idaho
Date Issued: May 7, 1962
Date Orig. Entry: Sept.17, 1930

Date of Birth: Nov.9, 1912
Birth Place: Craigmont, Idaho
Full Name of Mother: Eunice J. (Westall) Talbott
Name of Father: Clarence E. Talbott

SUPPORTING RECORD 3.

Type of Document: Marriage License Affidavit
By whom issued and signed: Latah County, Idaho
Date Issued: May5,2004
Date Orig. Entry: Sept.23, 1937

Date of Birth: Age: 24yrs
Birth Place: Idaho
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Joyce A. Smith
Evidence reviewed by: Teresa Cleverly
Date Filed: MAY 11 2004

Sonnenberg

MAY 1 2 2004

389-204-003-169

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0088
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Central
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Central
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ina Margret Christensen

5. Date of Birth of Child (Month, day, year) 7-4-1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Christian Miller Christensen
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Eliza Jorgensen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl J. Christensen Signature

Central Idaho P. O. Address

Subscribed and sworn to before me this 13th day of March, 1948

(SEAL) Charles W. Shanklin Notary Public, residing at Bancroft Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DE48 ORIGINALLY HAND WRITEN IN, TYPED IT IN—KMC 12/1/09
FILE # FROM DE48-88 TO DE48-0088 11/29/12 KMC

MAR 18 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1912 - 7577

465-225-009-239

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0202
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boaner (b) City Dover
   (c) Street Address or R.F.D. No. ~
   (d) Name of Hospital or Maternity Home: ~ None at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 ~~mo.~~ months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boaner
   (c) City Dover
   (d) Street Address or R.F.D. No. ~
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dover, Ida

4. **FULL NAME OF CHILD** Montana Adair Doe

5. Date of Birth of Child (Month, day, year) Aug. 25-1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Archie Nahalie Doe
11. Color or Race White
12. Age at time of THIS birth ~ yrs.
13. Birthplace Barron (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Saw mill worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della May St. Clair
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Mather (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 5 -- A.M. on the date and at the place stated above, and that personal particulars were furnished by Archie Nahalie Doe (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's OWN signature ~~Dr Edward Patterson~~ Deceased M.D. Midwife Address none Date Aug 25th 1912

AFFIDAVIT

State of Oregon } ss.
County of Union }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for ~ 35 ~ years, and that Dr Edward Patterson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Archie Nahalie Doe Signature
1306 W. Gwe La Grande Ore Address

Subscribed and sworn to before me this 12th day of April 1948

(SEAL)

B A Benham, Notary Public, residing at La Grande Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 19-1948 by Edna W Wright, Registrar

My Commission Expires Sept 19th 1948.

STATE FILE NUMBER CHANGED FROM 202 TO DE48-0202 KMC 10/5/09

APR 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

128-228-030-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 29 1948

CERTIFICATE OF BIRTH

STATE OF IDAHO

DE48-253
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Radford private home
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Lemhi
(d) Street Address or R.F.D. No. ne
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Elizabeth Florine Ashton

5. Date of Birth of Child (Month, day, year) April 28, 1912

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George R. Ashton
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Porterville, California (City or town) (State or foreign country)
14. Exact Occupation Forest Ranger
15. Industry or Business Forest Ranger

MOTHER OF CHILD

16. FULL MAIDEN NAME Elma Frances Barkley
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Carson City, Nevada (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Grant } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that Dr Charles F. (First name) Hamner (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elma B. Ashton Signature
John Day Ore P. O. Address

Subscribed and sworn to before me this 26 day of April 1948

(SEAL) Finley McLennan Notary Public, residing at John Day

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 26-1948 by John W Wright, Registrar
My Com Exp 2-24-52

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

D48 WAS ADDED TO STATE FILE # BY HAND, TYPED IN DE48. KMC 12/1/09

APR 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of~~ Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title~~ 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-210-022-453

United States
Department of Commerce
Bureau of the Census

MAY 15 1948

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0325
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Burton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Burton
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burton Idaho

4. **FULL NAME OF CHILD** Ruth Willyard

5. Date of Birth of Child (Month, day, year) Apr. 10-1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Charles E. Willyard
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Youngs Creek Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Melton
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Youngs Creek Indiana (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Madison }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Doctor Joseph Walker (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) and further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. C. E. Willyard Signature

Preston P. O. Address

Subscribed and sworn to before me this 13 day of May, 1948

(SEAL)

Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1948 by John W Wright, Registrar

STATE FILE NUMBER CHANGED FROM 325 TO DE48-0325 KMC 10/5/09

MAY 24 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-124-040-759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0461
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Enaville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 2 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Enaville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Enaville, Ida.

4. **FULL NAME OF CHILD** Henry Gust Koski

5. Date of Birth of Child (Month, day, year) Dec. 24, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry August Koski
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lapua (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kaisa Alina Peramaki
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lapua (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alina (Koski) Nett (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Amalia Hall M.D. Midwife Address Kellogg, Idaho Date 6/21/48

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19__.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 1 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE NUMBER CHANGED FROM 461 TO DE48-0461 KMC 10/5/09

JUL 1 1948

MAR 5 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-226-036-312

United States Department of Commerce Bureau of the Census

JUL 29 1948 DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0539
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Preston
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state) Preston, Idaho

4. **FULL NAME OF CHILD** Odessa Tolman

5. Date of Birth (Month, day, year) Mar 26, 1912

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Judson Admirum Tolman
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Chesterfield (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Call Tolman
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Bountiful (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 30 1948 (Date received) (b) John W. Wright (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.) and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Minnie Meleta Tolman Duffy being first duly sworn, say that I am Sister of (Related to (or) acquainted with) Odessa Tolman (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Ann Tolman (Name of attendant at birth) who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie Meleta Tolman Duffy Name
4863 Vieumont St Halladay Utah P.O. Address

Subscribed and sworn to before me on this 15 day of July, 1948

(SEAL) J. M. Chapman Notary Public, residing at S.L. City

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

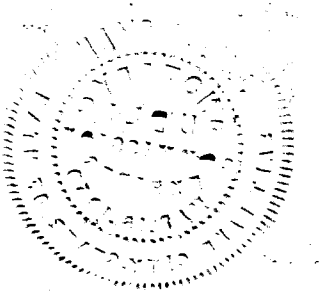
STATE FILE NUMBER CHANGED FROM 539 TO DE48-0539 KMC 10/5/09

MAY 23 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



699-202-018-545

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De48-0572
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D. 2
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R.F.D. no 2
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ethel De Esta Wright

5. Date of Birth of Child (Month, day, year) Jan. 2-1912

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Wright
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte ~~Wrt~~ Vaneps
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Moorland Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for since birth years, and that ..... (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Wright Signature
Route 3, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of June, 1948.

(SEAL) Myrtle H. Francis Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE NUMBER CHANGED FROM 572 TO DE48-0572 KMC 10/5/09

AUG 10 1948

APR 26 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-208-003-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0734
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford - Idaho -
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oxford Idaho

4. **FULL NAME OF CHILD** Eda Pearl Hardwick

5. Date of Birth of Child (Month, day, year) Mar. 8 - 1912

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes -

FATHER OF CHILD

10. **FULL NAME** William F Hardwick
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Weston (City or town) Idaho - (State or foreign country)
14. Exact Occupation Farmer -
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Jackson Hardwick
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Beaver (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 36 years, and that Elizabeth Kindle (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William F Hardwick Signature
108 Garland Nampa P. O. Address

Subscribed and sworn to before me this 17th day of September 1948
(SEAL) Mabel Felder Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on September 17, 1948 by John Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

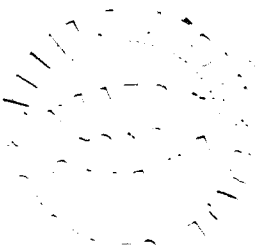
STATE FILE NUMBER CHANGED FROM 734 TO DE48-0734 KMC 10/5/09

SEP 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



291-204-225-255

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED SEP 20 1948 BUREAU OF VITAL

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0746
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Gibbs
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years 0 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Gibbs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Leah Marguerite Braden

5. Date of Birth of Child (Month, day, year) Sept. 4, 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Methies Braden
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wyoming, minnesote (City or town) (State or foreign country)
14. Exact Occupation Mechinist
15. Industry or Business Stack-Gibbs Lumber Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Irene Beedham
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Gersonville, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 35 years, and that Dr. John Lwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 13[illegible] 1937 Session Laws.

Helen Irene Braden Signature

Rt. 3 Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 17 th day of September 1948

(SEAL) E. J. Hamilton, Notary Public, residing at Coeur d'alene Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 21, 1948 by John W Wright, Registrar

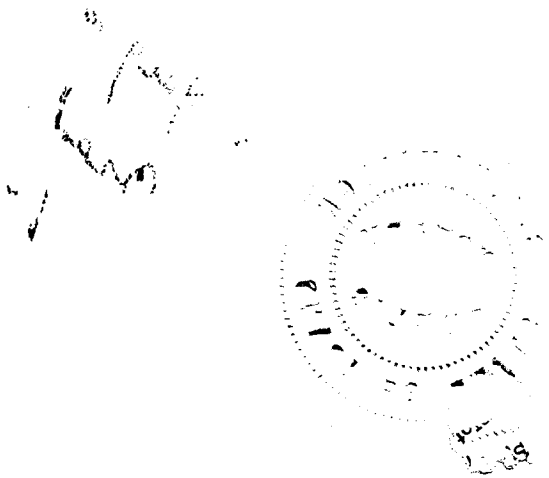
STATE FILE NUMBER CHANGED FROM 746 TO DE48-0746 KMC 10/5/09

SEP 21 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



639-204-629-319

RECEIVED
SEP 25 1948
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0774
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items must be filled in)
   (a) County Latah (b) City R. 2, Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street Address or R.F.D. No. 2, Moscow
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Goldie Flieger

5. Date of Birth of Child (Month, day, year) 12-4-1912.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Flieger
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Matilda Carlson,
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of WASHINGTON, County of SNOHOMISH, } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that Dr. J. C. Wiik (First name) (Last name), who attended this birth is living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Freda Benton — Signature

4011 Rucker Ave., Everett, Wash. — P. O. Address

Subscribed and sworn to before me this 16th day of September, 1948.

(SEAL)

Notary Public, residing at Everett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE NUMBER CHANGED FROM 774 TO DE48-0774 KMC 10/5/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

1. PLACE OF BIRTH

County of

City or Town of

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Record No.

Registered No.

Registration Dist. No. No. St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

1a. RESIDENCE OF MOTHER State Idaho County Latah

(If not same as place of birth)

CITY OR TOWN Moscow No. R.F.D. 2. Street

2. FULL NAME OF CHILD Lucile Flieger { If child is not yet named, make supplemental report, as directed

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, day, year)
Female	—	6	—	yes	yes	Dec 4 — 1912

FATHER		MOTHER	
9. Full name	Charles Flieger	17. Full maiden name	Annie Carlson
10. Color or race	W.	18. Color or race	W.
11. Age at last birthday (years)		19. Age at last birthday (years)	
12. Birthplace (city or place) (State or country)		20. Birthplace (city or place) (State or country)	
OCCUPATION 13. Trade, profession, or particular kind of work done, as Spinner, Sawyer, Bookkeeper, etc.	Farmer	OCCUPATION 21. Trade, profession, or particular kind of work done, as Housekeeper Typist, Nurse, Clerk, etc.	Housewife
14. Industry or business in which work was done, as Silk Mill, Sawmill, Bank, etc.		22. Industry or business in which work was done, as Own Home, Lawyer's Office, Silk Mill, etc.	
15. Date (month and year) last engaged in this work ....., 19....		23. Date (month and year) last engaged in this work ....., 19....	
16. Total time (years) spent in this work		24. Total time (years) spent in this work	

25. Number of children of this mother (At time of this birth and including this) 6 (a) Born alive and now living 6 (b) Born alive but now dead — (c) Stillborn —

26. If stillborn, period of gestation — { months or weeks } 27. Cause of stillbirth — { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:15 P. m., on the date above stated.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

(Signed) [signature], M. D.

or ....., Midwife

Address 1036 E. Holly St. Bellingham, Wash.

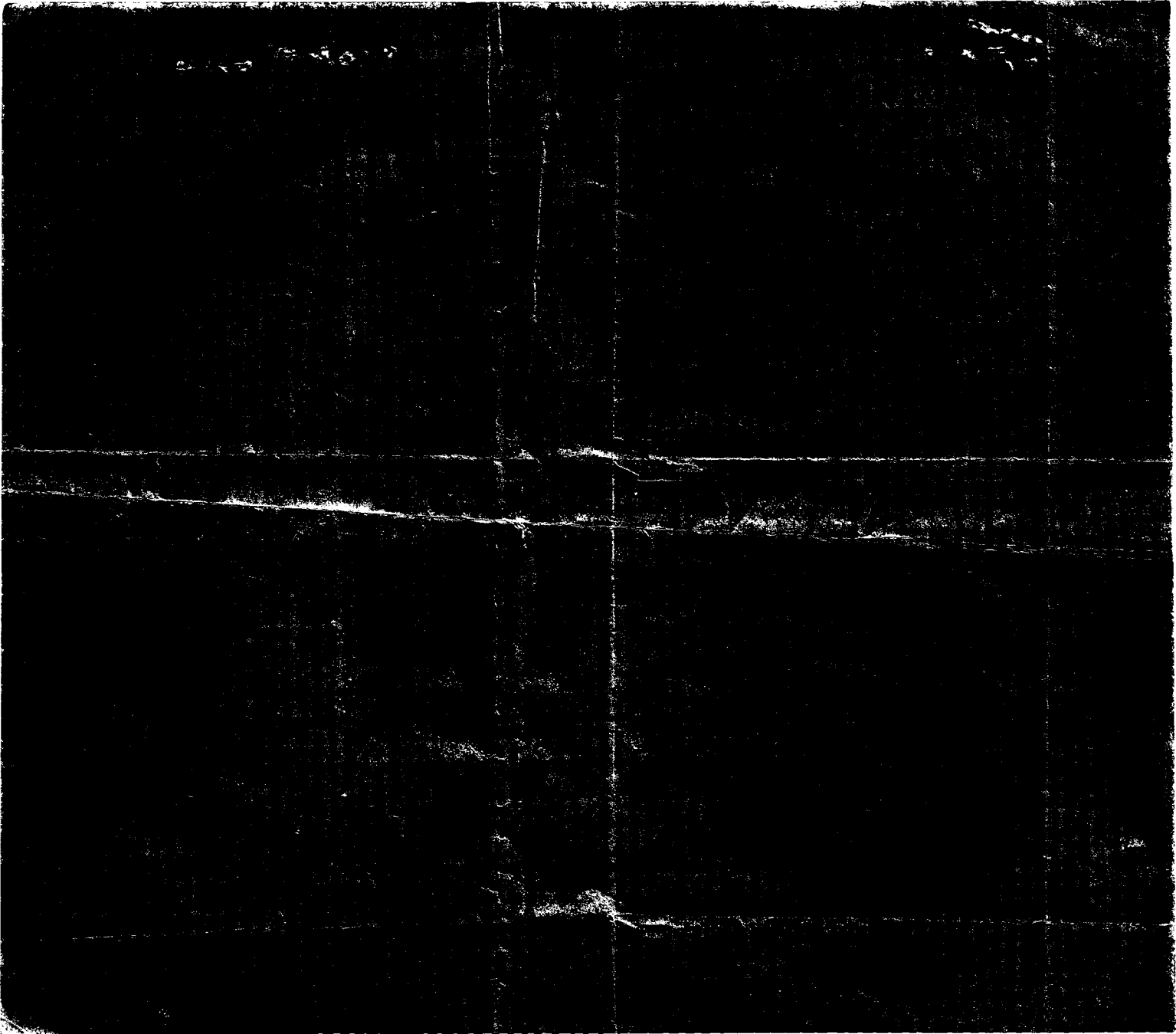
Give name added from a supplemental report .....

Filed ....., 19.....

Registrar.

Registrar.

S. F. No. 817—1936. 6550.



553-207-02 RECEIVED

NOV 22 1948

DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0954
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Marine route
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery:
X In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Marine R.
(e) How long has MOTHER lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Ella Mae Nelson

5. Date of Birth of Child (Month, day, year) 5-7-1912

6 Sex F.

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Nelson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Anderson
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for since birth years, and that Anna Benson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John L Nelson Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of Nov. 1948

(SEAL) M E Frandsen, Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 24, 1948 by W. W. Benson by - Mabel F Geeder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE NUMBER CHANGED FROM 954 TO DE48-0954 KMC 10/5/09

NOV 24 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-204 RECEIVED
009-942 DEC 17 1948
DIVISION OF VITAL STATISTICS

De48- 1028

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1028
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner-Sec13 (b) City Priest River, Id.
   (c) Street Address or R.F.D. No. T56NR 5 W Boise M
   (d) Name of Hospital or Maternity Home: Parents Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner-Sec 13
   (c) City Priest River, Idaho
   (d) Street Address or R.F.D. No. T56N R5 W Boise M
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Dorothea Agnes Shelley

5. Date of Birth of Child (Month, day, year) 1-4-1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hugh Patrick Shelley
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Vera, Washington (City or town) (State or foreign country)
14. Exact Occupation Rancher and Mill Laborer
15. Industry or Business Farm and Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Ivy Russell
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Joplin, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at two a. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of King }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 36 years, and that Dr. J.T.Phillips (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M Russell Shelley Egnor Signature

7011 -26th Ave .. N.E .. Seattle, Wn. P. O. Address

Subscribed and sworn to before me this 3 day of December, 1948

(SEAL) Muriel Church, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 20, 1948 by M L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

CHANGED STATE FILE NUMBER FROM 12-1028 TO 12 D48-1028 10/5/09 KMC

DEC 20 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 : 212-022-334

RECEIVED
APR 25 1949
DIVISION OF VITAL STATISTICS

DE49-

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1368
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City ST. ANTHONY
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: ~~BORN AT HOME~~ BORN AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FREMONT
   (c) City HOMESTEAD (NEAR ST. ANTHONY)
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) ST ANTHONY IDA.

4. **FULL NAME OF CHILD** FLORENCE MARTHA BARR

5. Date of Birth of Child (Month, day, year) JULY, 12 1912

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** BERT TAYLOR BARR
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace BURDEN, KANSAS (City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LUCY BLACK
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace ORDERVILLE (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 37 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy B. Barr Signature

8114 San Juan P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1949

(SEAL) Beverly E. Grant, Notary Public, residing at Buhl, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Mar. 10, 1952

Received for filing on April 25, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE NUMBER CHANGED FROM 1368 TO DE49-1368 KMC 10/5/09

MAY 10 1949

APR 25 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-107-039-457

DE49- 1524

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Donial Mikel Bowen

5. Date of Birth of Child (Month, day, year) Oct 7 1912

6 Sex M

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oden Bowen
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) Ohio (State or foreign country)
14. Exact Occupation Sawmill Work
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle L Degronge
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Greentop (City or town) Mo (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Mrs. Wilsley (First name) (Last name), who attended this birth, not located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle L Bowen Signature
221 S Boise and Emmett Ida P. O. Address

Subscribed and sworn to before me this 8th day of June 1949.

(SEAL) Mabel F Geeffen, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 8, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

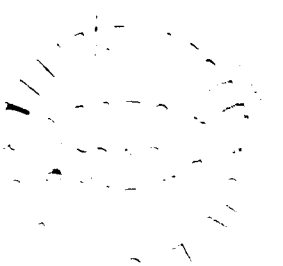
STATE FILE NUMBER CHANGED FROM 1524 TO DE49-1524 KMC 10/5/09

JUN 9 1949 SEP 11 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



6 NOV

792-207.001-343

DE49- 1578

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1578
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Warm Springs Ave
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Warm Springs Ave
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Mary Louise Gibb

5. Date of Birth of Child (Month, day, year) October 7 1912

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Napier Gibb
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Genesee (City or town) Idaho (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Mae Tucker
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Winslow (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for life years, and that F. A. Pettenger (First name) (Last name), who attended this birth not available (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mae J. Gibb Signature

Buhl Idaho P. O. Address

Subscribed and sworn to before me this 27th day of June 19 49

(SEAL) Walter F. Nelson, Notary Public, residing at Buhl, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 27, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE NUMBER CHANGED FROM 1578 TO DE49-1578 KMC 10/5/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUN 27 1949

665-103-037-391

DE49- 1705

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1705
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years 8 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau Ida

4. **FULL NAME OF CHILD** Earl Daniel Owens

5. Date of Birth of Child (Month, day, year) May 3. 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Jerome Owens

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Pyalup (City or town) Wash. (State or foreign country)

14. Exact Occupation Stockraising

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Bertrude Teasley

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Ottawa (City or town) Minn. (State or foreign country)

20. Exact Occupation Stockraising

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag. No 3.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive/stillborn) at 8 a. M. on the date and at the place stated above, and that personal particulars were furnished by Hazel Bertrude Owens (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. O. Bartlett M.D. ~~Midwife~~ Address Ontario Oregon Date 4/10/1944

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Owyhee } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that ✓ (First name) ✓ (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Bertrude Owens Signature
Bruneau, Idaho P. O. Address

Subscribed and sworn to before me this 4 day of April, 1944.

(SEAL)

George R. Jones, Notary Public, residing at Bruneau

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 4, 1944 by W. W. Benson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE NUMBER CHANGED FROM 1705 TO DE49-1705 KMC 10/5/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 4 1949

667406-040236 RECEIVED

AUG 12 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

DE49-

State File No. 1737

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho.

4. **FULL NAME OF CHILD** Ted Fogel

5. Date of Birth of Child (Month, day, year) April 6 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Van Fogel
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ohio U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Leete
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 37 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wayne M. Powling Signature

My Commission Expires Sept. 10, 1950 3208 1/2 East 2nd St., P. O. Address

Subscribed and sworn to before me this 10th day of August 19 49

(SEAL) Rafael Moreno, Notary Public, residing at L.A., Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 12, 1949 by W. W. Denson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE NUMBER CHANGED FROM 1737 TO DE49-1737 KMC 10/5/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such~~ date, such ~~report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 12 1949

693-219-025-435

RECEIVED
AUG 18 1949
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Before the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DE49-
State File No. 1760
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Whitebird
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home of R. D. McEvers
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Oregon (b) County Wallowa
   (c) City rural (Pittsburgh)
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Ethel Wilson

5. Date of Birth of Child (Month, day, year) Oct 19, 1912

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert O. Wilson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ridgway (City or town) Illinois (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary E. McEvers
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Springdale, (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:30 A M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. McEvers (First name) Wilson (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Katherine McEvers M.D. Midwife Address Grangeville, Idaho Date July 8, '49.

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person ~~for~~ since birth years, and that my mother, Katherine McEvers (First name) (Last name), ~~was~~ attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Wilson Signature
Box 368 Palmdale, California. P. O. Address

Subscribed and sworn to before me this 8th day of July, 1949.
(SEAL) Paul G. Simms, Notary Public, residing at Grangeville Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 18, 1949 by W. W. Benson, Registrar

STATE FILE NUMBER CHANGED FROM 1760 TO DE49-1760 KMC 10/5/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 18 1949

168-211-029-632

RECEIVED AUG 27 1949 DIVISION OF VITAL

De 49- 1798

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1798
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In the home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Ida.

4. **FULL NAME OF CHILD** Hazel Marie Johnson

5. Date of Birth of Child (Month, day, year) May 11, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John H Johnson
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Blooming Grove, Minn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Olsen
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Blooming Grove Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Julia H Johnson (Mother, etc.)

25. Attendant's **OWN** signature Marie Sellars M.D. Midwife Address E. 2728 - 18. Date 7. 20/49.

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Julia H Johnson (Mother, etc.) or the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for all her life years, and that TILDA (First name) PRITCHETT (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Julia H Johnson Signature

Troy, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of August, 1949

(SEAL) W L Benson Notary Public, residing at Troy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 29, 1949 by W L Benson, Registrar

1 copy mailed

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents; money order or coin.

AUG 29 1949

APR 13 1960
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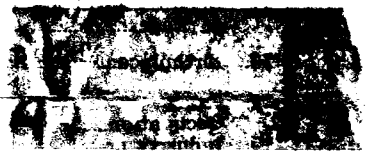

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

458-123-028-994

United States
Department of Commerce
Bureau of the Census

SEP 14 1949
DIVISION OF VITAL

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DE49- 1851
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENIE (b) City SANDPOINT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENIE
(c) City SANDPOINT
(d) Street Address or R.F.D. No. (?)
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state)
SANDPOINT, IDAHO

4. FULL NAME OF CHILD RICHARD HAROLD MEYER
5. Date of Birth of Child (Month, day, year) JULY 23, 1912
6. Sex M
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ALFRED WALTER MEYER
11. Color or Race U.S.WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace CHIPPEWE FALLS, WIS. (City or town) (State or foreign country)
14. Exact Occupation MECHANICAL DRAFTSMAN
15. Industry or Business BINGHAM PUMP CO.

MOTHER OF CHILD

16. FULL MAIDEN NAME DAISY FLORENCE RIDLEY
17. Color or Race U.S. WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace SAGANAW, MICH. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNO3
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's QWN signature DECEASED M.D. Midwife Address Date

State of OREGON
County of MULTNOMAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that DR. (?) (First name) PATTERSON (MD) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Daisy Florence Meyer Signature
4335 NE LAURELHURST PL.; PORTLAND, ORE. P. O. Address

Subscribed and sworn to before this 12th day of September, 1949
(SEAL) Hazel Sunde Notary Public, residing at Portland, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES JUNE 22, 1951

Received for filing on 9-14-49 by W. W. Benson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE NUMBER CHANGED FROM 1851 TO [illegible]851 KMC 10/5/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and does prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 231-111-040-435

RECEIVED
SEP 19 1949
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Because the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DE49-
State File No. 1866
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No. Near
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? + yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Murray Idaho

4. FULL NAME OF CHILD John Andrew Blackman

5. Date of Birth (Month, day year) Oct 11, 1912

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Andrew P Blackman

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Labor

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude McNary

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Martinsville (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sept 19, 1949 (Date received) (b) W L Benson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

28. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs A. P. Blackman, being first duly sworn, say that I am Related to (Related to (or) acquainted with) John Andrew Blackman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Kesler (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Maude Blackman Signature
81 West Park Ave P. O. Address

Subscribed and sworn to before me on this 17 day of Sept 19 49
(SEAL) Notary Public, residing at Kellogg Idaho

STATE FILE NUMBER CHANGED FROM 1866 TO DE49-1866 KMC 10/5/09

SEP 18 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-12X-025-252

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DE49-

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1972
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Own private Home
(e) Mothers stay BEFORE delivery: In THIS county 15 years 9 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Ida.

4. FULL NAME OF CHILD William Narcisse Boyd.

5. Date of Birth of Child (Month, day, year) Aug. 24, 1912

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William Henry Boyd.
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Skibbereen. (City or town) Ireland. (State or foreign country)
14. Exact Occupation Contractor in Shingles
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Anne Best.
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Connersville (City or town) Wis. (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown.
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Grays Harbor } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 37 years, and that Dr. John C. Dwyer (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Anne Best Boyd Signature
Pacific Beach, Washington P. O. Address

Subscribed and sworn to before me this 20 day of October, 1949.
(SEAL) Sidney Smith, Notary Public, residing at Pacific Beach
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 24, 1949 by W. W. Benson, Registrar

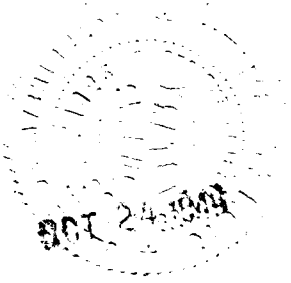
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE NUMBER CHANGED FROM 1972 TO DE49-1972 KMC 10/5/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



713 - 120-028-263

RECEIVED
OCT 21 1949
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DE49-
State File No. 1993
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Rose Lake
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Two years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rose Lake
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? Nine yrs.

3. **RESIDENCE OF FATHER** (city, state) Rose Lake Idaho

4. **FULL NAME OF CHILD** Harold Raymond Palmer

5. Date of Birth of Child (Month, day, year) March 20, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Clyde Palmer
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Oklahoma (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fanny Bolton
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-five years of age, that I have known this person for thirty-seven years, and that Mrs. William Norton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud O. Palmer Signature
Kellogg Ida. Box 953 P. O. Address

Subscribed and sworn to before me this 26th day of October, 1949

(SEAL) Stella Brown, Notary Public, residing at Kellogg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 1, 1949 by W W Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE NUMBER CHANGED FROM 1993 TO DE49-1993 KMC 10/5/09

NOV 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to~~ such ~~date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845107 . 40 296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DE49-
State File No. 1998
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 13th St Idaho
(d) Name of Hospital or Maternity Home Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 13th St
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Idaho

4. **FULL NAME OF CHILD** Claude David Hungerford

5. Date of Birth of Child (Month, day, year) Dec 7 - 1912

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harley Wayne Hungerford
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Union, Illinois (City or town) (State or foreign country)
14. Exact Occupation office Work
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Jane Krotzer
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Manhattan Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, [redacted]) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 36 years, and that Thomas McConnell, M.D. (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. H. W. Hungerford Signature

598 10th St., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of August, 1949

(SEAL) Paul E. Peterson, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires: March 29 1952

Received for filing on Nov. 1, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE NUMBER CHANGED FROM 1998 TO DE49-1998 KMC 10/5/09

NOV 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1917-109710

793.212.001-942

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-210
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Esther Josephine Pick
2. Date of Birth (month) (day) (year): October 12 1912
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Boise Barracks
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Walter Robert Pick
7. State or Country of Father's Birth: Berwick, England

MOTHER

8. Full Maiden Name of Mother: Myrtle Agnes Mussen
9. State or Country of Mother's Birth: Madison, Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Esther P. Thurney
11. Present Address of Registrant: 5312 McKinley, Bethesda Maryland

NOTARY (Seal)

Subscribed and sworn to before me on: June 29 1950
12. Signature of Notary: Jane C Bell
13. Notary Commission expires: May 7 1951

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baby Book	Mother		Oct. 12, 1912
Class* A	Date of Birth: Oct. 12, 1912 — Birth Place: Boise, Idaho	Full Name of Mother: Myrtle Agnes Pick	Name of Father: Walter Robert Pick	
SUPPORTING RECORD 2.	Insurance Policy	Mutual Benefit Life	Oct. 18, 34	Oct. 18, 1934
Class B	Date of Birth: Oct. 12, 1912 — Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Census Record	Department of Commerce Bureau of the Census	Jan. 1920	Jan. 1920
Class B	Date of Birth: 7 yrs old — Birth Place: Idaho	Full Name of Mother: Myrtle A. Pick	Name of Father:	

QUALIFYING INFORMATION

Affidavit made by Edward R. Schreiner, Colonel, Retired, attendant at the time of birth

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feeley	8-15-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 15 1950

419-110-014-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-322
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alfred Raymond Darden
2. Date of Birth (month) (day) (year): December 10, 1912
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Idaho, Canyon; b. City or Town of Birth: Parma

FATHER

6. Full Name of Father: Asbury Jackson Darden
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mary Jane Seiber
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alfred Raymond Darden
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on Oct 13 1950
12. Signature of Notary: Mabel K Feeler
13. Notary Commission expires: May 7, 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Student Air Pilot Certificate, Civil Aeronautics Adm.
By whom issued and signed:
Date Issued: 2-13-48
Date Orig. Entry: 2-13-48
Class* B
Date of Birth: Dec. 10, 1912
Birth Place: Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 2.

Type of Document: Membership card, Civil Air
By whom issued and signed: Patrol, Earl L. Johnson
Date Issued:
Date Orig. Entry:
Class B
Date of Birth: Dec. 10, 1912
Birth Place: Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: Operator's License
By whom issued and signed: Department of Motor Vehicle State of California
Date Issued: 1950
Date Orig. Entry: 1950
Class B
Date of Birth: Dec. 10, 1912
Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel K Feeler
Date Filed: Oct. 13, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 13 1950

DELAYED

Dup of 1912-10325

747-211-029-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-348
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ZELVA MARJORIE GUPTILL	2. Date of Birth (month) Feb. (day) 11 (year) 1912
	3. Color or Race: White; 4. Sex: F.; 5. Place of Birth a. County: Idaho Latah Co.	b. City or Town of Birth: born at home in Latah Co. Idaho mailing address Palouse, Wash.
FATHER	6. Full Name of Father: George Ira Guptill	7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Nellie Mable Brooks	9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zelva M. Guptill; 11. Present Address of Registrant: Livingston Monar
NOTARY (Seal)	Subscribed and sworn to before me on: March 24 1950	12. Signature of Notary: MABEL M. VOORHIES, Notary Public, Sullivan County in the State of New York, No. 271, My Commission expires March 30, 1950; Mabel M. Voorhies; 13. Notary Commission expires: March 30 1950

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census record		By whom issued and signed: Roy V. Peel	Date issued: 10-11-50	Date Orig. Entry: 1-1-20
Class* B	Date of Birth: 7 Yrs, Old	Birth Place: Idaho	Full Name of Mother: Nellie Mable Brooks	Name of Father: George Ira Guptill	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: T. E. Pemberton	Date issued: 10-18-50	Date Orig. Entry: 1926
Class B	Date of Birth: 2-11-12	Birth Place: Idaho	Full Name of Mother: Nellie Mable Brooks	Name of Father: George Ira Guptill	
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy		By whom issued and signed: J. V. Freer	Date issued: 3-30-45	Date Orig. Entry:
Class B	Date of Birth: 2-11-12	Birth Place: Potlatch, Idaho	Full Name of Mother: Nellie Mable Brooks	Name of Father: George Ira Guptill	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol J. Bennett	10-30-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 31 1950

795-105022-863

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE51-0418
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELLIS CLIFFORD GREEN
2. Date of Birth (month) 10 (day) 5 (year) 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Marysville, Fremont
b. City or Town of Birth: Marysville, Idaho.

FATHER

6. Full Name of Father: Wilmer Cadmus Green
7. State or Country of Father's Birth: Ohio, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Emma Hollingsworth
9. State or Country of Mother's Birth: Nebraska, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dustin D. Green, Brother of Ellis -
11. Present Address of Registrant: 469 Huntington ave San Bruno, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: Dec. 20 1950
12. Signature of Notary: Elmo A. Hathaway
13. Notary Commission expires: Feb. 17 1951

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal Record	Ella D. Jack	12-12-50	7-25-21

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
10-5-12	Marysville, Ida.	Emma Hollingsworth	Wilmer C. Green

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination	Ella D. Jack	12-18-12	12-31-33

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
10-5-12	Marysville, Ida.	Emma Hollingsworth	Wilmer C. Green

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Owen D. Thornock	1-3-51	Sept. 1918

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
10-5-12	Marysville, Idaho	Emma Hollingsworth	Wilmer C. Green

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Bennett	1-4-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CORRECTED FILE # FROM DE50-418 TO DE91-0418 5/28/2014-LLE

JAN 5 1951

689-328-014-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-505
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Nampa
   (c) Street address or R. F. D. No. X
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street address or R. F. D. No. 404-16 Ave. No.
   (e) How long has **MOTHER** lived in Idaho? 54 yrs.
   (f) Mother's mailing address (For registration notice):
   [redacted] (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Ardath Rae White

5. **DATE OF BIRTH** (Month, day, year) June 28, 1912

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clinton Melville White
11. Color or Race American
12. Age at time of THIS birth 27 yrs.
13. Birthplace Boise Valley, Idaho (City or Town) (State or foreign country)
14. Exact Occupation Construction Worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flossie Fidelia Schindler
17. Color or Race American
18. Age at time of THIS birth 24 yrs.
19. Birthplace Boise Valley, Idaho (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Sol.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
   (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Flossie (First name) White (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature Geo. D. A. Kellogg M. D. (D. O., Midwife, etc.)
   and address Nampa, Idaho. Date 3/27/13.

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

FEB 23 1951

FEB 8 1951

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELIVERED

284-126-028-165

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-552
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Samuel Symons
2. Date Of Birth: (month) May (day) 26 (year) 1912
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Coeur d'Alene Kootenai; b. City or Town of Birth: Coeur d'Alene, Idaho

FATHER

6. Full Name of Father: James Emanuel Symons
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Florence Jones
9. State or Country of Mother's Birth: Texas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John S Symons
11. Present Address of Registrant: R. 1 Box 276 Coeur d'Alene, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Febr. 21, 1951 19___
12. Signature of Notary: M. E Frandsen
13. Notary Commission expires: 12/1/53 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	North American Accident Inc.	Co.	Oct. 17, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 26, 1912	Coeur d'Alene, Idaho		

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Fish and Game License	State of Idaho	7-21-44	7-21-44

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 26, 1912	Coeur d'Alene, Idaho		

SUPPORTING RECORD 3.

Class___

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Chauffeur's License	State of Idaho	6-1-43	

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Helen	Feb. 26, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

415-207016-365

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-710
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Rhodora Davis
2. Date Of Birth (month) (day) (year): June 7 1912
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Burley, Cassia
b. City or Town of Birth: Burley, Idaho.

FATHER

6. Full Name of Father: Harold Vannoy Davis
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Iva Irene Conner Davis
9. State or Country of Mother's Birth: Pennsylvania

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Rhodora Davis
11. Present Address of Registrant: 1828-"E"- Springfield, Oregon.

NOTARY (Seal)

Subscribed and sworn to before me on: March 31 1951
12. Signature of Notary: M. O. Kahl
13. Notary Commission expires: Dec. 18 1951.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church	Aug. 18, 1920	July 4, 1920

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 7, 1912	Burley, Idaho	Iva Irene Conner	Harold V. Davis

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by mother	Iva Irene Davis	3-31-51	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 7, 1912	Burley, Idaho	Iva Irene Davis	Harold Vanney Davis

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H. Nelson	Apr. 10, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 11

APR 11 1961

DELAYED

DUP OF 1912-6545

355·206-033-

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-732
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Canyon Creek
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 4 5 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Canyon Creek
(d) Street Address or R.F.D. No. ✓
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Canyon Creek Id.

4. **FULL NAME OF CHILD** Freda Helen Lee

5. Date of Birth of Child (Month, day, year) Oct. 6, 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William James Lee
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alta Bernice Goff
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Oswego Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 7:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alta Bernice Goff (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Bessie M Umphrey, ~~M.D.~~ Midwife Address Rexburg Ida. Date Jan. 7-49

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for since birth, and Bessie M Umphrey (First name) (Last name), who attended this birth is my wife (Is now deceased) or (Cannot be located) I further state the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

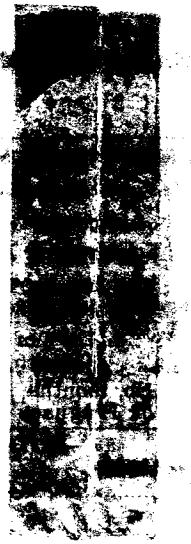
J F Umphrey Signature
Rexburg Idaho. P. O. Address

Subscribed and sworn to before me this 7th day of December, 1948
9/9/50 (SEAL) D W Stowell Notary Public, residing at Rexburg Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr. 16, 1951 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.



DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the e[illegible] of Chapter 191, 1911 Session Laws, has not been record[illegible] of failure to report any birth which has occurred sub[illegible] such date, such report may be received and filed by the l[illegible] for record in the Bureau of Vital Statistics for the pu[illegible]ses provided in Chapter 2, Title 38, Idaho Code Annot[illegible] such report is accompanied by a certificate of the attendi[illegible] or in lieu thereof affidavits of the father or mother of [illegible] if neither father or mother of the child is living or a[illegible] the mother or guardian, or some person having [illegible]ledge in the premises.

396 408 042-793

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-745
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Twin Falls
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home: Fathers home on East 3rd St
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. East 3rd St
   (e) How long has **MOTHER** lived in Idaho? 4 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls Idaho

4. **FULL NAME OF CHILD** William Melbourne Crothers

5. Date of Birth of Child (Month, day, year) April 8, 1951

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Winfield Melbourne Crothers
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Fife Lake Michigan (City or town) (State or foreign country)
14. Exact Occupation Brick Layers
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Amelia Fitts
17. Color or Race White
18. Age at time of THIS birth 17 1/2 yrs.
19. Birthplace Giltner, Nebr. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 8 a M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Multnomah } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 39 years, and that Midwife (name not known) (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Amelia Crothers Signature
4010 SE 116th, Portland, Ore. P. O. Address

Subscribed and sworn to before me this 17th day of April, 1951.

(SEAL) Rosemary Ralston, Notary Public, residing at Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 20, 1951 by W. W. Benson, Registrar

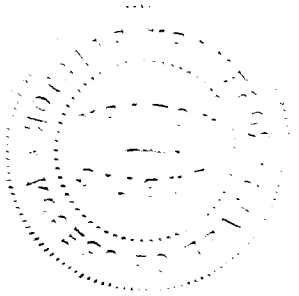
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 0 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

165-201-044-285

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-779
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Letta Mary Jones
2. Date Of Birth (month) (day) (year): Feb. 1 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Weiser Washington
b. City or Town of Birth: Weiser Idaho

FATHER

6. Full Name of Father: Laurence Harvey Jones
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lillian Ella Sherman
9. State or Country of Mother's Birth: Texas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Letta Mary Jones Benkosky (Letta)
11. Present Address of Registrant: 3652 Arnold, San Diego Calif

NOTARY (Seal)

Subscribed and sworn to before me on: April 26 1951

12. Signature of Notary: Rhetta N. Darwin
13. Notary Commission expires: June 22 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible		Feb. 1, 1912
Class* A	Date of Birth / Birth Place: Feb. 1, 1912, Weiser, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by Grandmother	Mary Susan Jones	2-26-51	
Class B	Feb. 1, 1912, Weiser, Idaho	Lillian Ella Sherman	Laurence H. Jones	
SUPPORTING RECORD 3.	School Record	Class A School Dist. Weiser, Idaho		
Class B	Feb. 1, 1912,			

QUALIFYING INFORMATION

Also, census record by the Department of Commerce, Bureau of the Census, gives age as 18 at the time of the 1930 census.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Apr. 30, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 1 1973

MAY 1 1951

113-18-006-413

1912 DE51-0839

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No. Rural Route
   (d) Name of Hospital or Maternity Home: Born at parent's home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No. Rural Route
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Ida

4. **FULL NAME OF CHILD** Earl Mace

5. Date of Birth of Child (Month, day, year) October 18, 1912

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Alanzo Mace
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Shenadoah, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verna Lynn Mace
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Shenadoah, Iowa (City or town) (State or foreign country)
20. Exact Occupation H ousewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 38 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sylvia Lola Pickett Signature

Route # 4 Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of May, 1951.

(SEAL) Berne K. Jensen, Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 17, 1951 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # CHANGED FROM 51-839 ON 5/9/08 KMC

MAY 17 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

513-220-014-449

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-868
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Harriet Eaton			2. Date Of Birth (month) (day) (year): January 20 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Rufus V. Eaton			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Lillian Murray			9. State or Country of Mother's Birth: Emmett, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harriet E. Hogue		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 25 1951	12. Signature of Notary: Mabel Holden		13. Notary Commission expires: May 7 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record		By whom issued and signed: Malachy McNeill, Chancellor	Date Issued: 5-6-1950	Date Orig. Entry: 7-14-1912
Class* A	Date of Birth: 1-20-1912	Birth Place: Emmett, Idaho	Full Name of Mother: Lillian Murray	Name of Father: Rufus V. Eaton	
SUPPORTING RECORD 2.	Type of Document: Child's Birth certificate		By whom issued and signed: State of Idaho	Date Issued: 8-30-36	Date Orig. Entry: 8-30-36
Class B	Date of Birth: 24 Yrs.	Birth Place: Emmett, Idaho	Full Name of Mother: Lillian Murray	Name of Father: Rufus V. Eaton	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Bennett	5-25-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 25 1981 JUL 6 1973

319 - 102-022-411

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

RECEIVED
JUN 13 1951
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-955
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Freemont (b) City Roberts
   (c) Street Address or R.F.D. No. one
   (d) Name of Hospital or Maternity Home: none. At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years 10 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Freemont
   (c) City Roberts
   (d) Street Address or R.F.D. No. one
   (e) How long has **MOTHER** lived in Idaho? two yrs.

3. **RESIDENCE OF FATHER** (city, state) Roberts, Ida.

4. **FULL NAME OF CHILD** Reinhart Le Roy Carskadon

5. Date of Birth of Child (Month, day, year) Jan. 2, 1912.

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy nine. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Carey Huston Carskadon
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Nebraska City, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Rose Maas
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Galt, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living one.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) alive at 6:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Emma Rose (First name) Carskadon (Last name) who is related as mother, (Mother, etc.) and from myown knowledge and observation.

25. Attendant's **OWN** signature Carey Huston Carskadon M.D. ~~Midwife~~ father. Address Route 2, Jerome, Idaho. Date June 9, 1951

AFFIDAVIT

State of Idaho, County of Twin Falls, } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 39 years, and that Dr. O.L. Dehart (First name) (Last name), who attended this birth is now deeeased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Rose Carskadon Signature

Route 2, Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of June, 1951.

(SEAL) Mary Agee, Notary Public, residing at Twin Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 14, 1951 by Mabel Bleeker, Deputy, Registrar

JUN 15 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

592-215-035-542

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1048
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nisbett, Lillian Maurine
2. Date Of Birth (month) (day) (year): Nov. 15, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Nez Perce, Ida. Nez Perce
b. City or Town of Birth: Nez Perce

FATHER

6. Full Name of Father: Thomas Clark Nisbett
7. State or Country of Father's Birth: Texas

MOTHER

8. Full Maiden Name of Mother: Lummie Audrey Eubank
9. State or Country of Mother's Birth: Texas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillian Maurine Nisbett Sims
11. Present Address of Registrant: 1613 S. Taylor, Little Rock, Ark.

NOTARY (Seal)

Subscribed and sworn to before me on: July 5 1951
12. Signature of Notary: J. F. Cochrane
13. Notary Commission expires: 2-11 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	College of Industrial Arts Amarillo, Texas	8-10-29	same
Class* B	Date of Birth: 11-15-1912 Birth Place: Nez Perce, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Insurance Policy	American United Life Insurance Co.		Apr. 4, 193[illegible]
Class B	Date of Birth: Nov. 15, 1912 Birth Place: Nez Perce, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Child's birth certificate	Arkansas State Board of Health		Mat 22, 1945
Class B	Date of Birth: Nov. 15, 1912 Birth Place: Nez Perce, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		July 16, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Birth No.

Department of Health, Health Division of Vital Statistics, Boise, Idaho

JUL 17 1961

1. Registrant's Full Name at Birth	2. Date of Birth (Month) (Day) (Year)	
3. Sex	4. Place of Birth, Town, County	5. Duplicate of Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare under oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant / 11. Present address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary / 13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

CERTIFICATE OF VITAL STATISTICS

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that accompanying evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence Filed by	Date Filed

319-204.042-638

RECEIVED
SEP 7 1951
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 0651-2016
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls Idaho
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls Ida

4. **FULL NAME OF CHILD** Maurine Caillier (maddest)

5. Date of Birth of Child (Month, day, year) Oct. 4. 1912.

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Oswald Joseph Caillier.
11. Color or Race French
12. Age at time of THIS birth 35 yrs.
13. Birthplace Quebec Can (City or town) Oct 22. 1877 (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Tresa Flynn.
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Fulton Kansas (City or town) Burbon County (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of Sonoma }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for since Birth years, and that J. K. (First name) MORGAN (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elizabeth Caillier Signature
Box 764 Cloverdale Calif P. O. Address

Subscribed and sworn to before me this 4th day of September 1951

(SEAL) John L Miller, Notary Public, residing at Cloverdale Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 7, 1951 by W. W. Benson, Registrar

my commission expires 8-28-55

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

666-219-028-763

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 6 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2021
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eleanor Margaret Woodworth		2. Date Of Birth (month) (day) (year): November 19 1912
	3. Color or Race: W	4. Sex: Female	5. Place of Birth: a. County: Idaho Kootenai; b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Theron George Woodworth		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Helga Marie Gotten		9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eleanor Margaret Woodworth	11. Present Address of Registrant: San Diego, California
NOTARY (Seal)	Subscribed and sworn to before me on: August 3, 1951	12. Signature of Notary: [illegible]	13. Notary Commission expires: June 18 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	Whole Life Policy		8-1-36
Class* B	**Date of Birth / Birth Place**: 24 years old	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 2.	Affidavit by mother	Marie Woodworth	Sept. 4, 1951	
Class B	**Date of Birth / Birth Place**: Nov. 19, 1912, Coeur d'Alene, Idaho	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 3.	Operator's License	State of California		1940
Class B	**Date of Birth / Birth Place**: Nov. 19, 1912, Idaho	**Full Name of Mother**	**Name of Father**	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	**Evidence reviewed by**: Mabel [illegible]	**Date Filed**: Sept. 10, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 18 1957

SEP 11 1957

813-105022-653

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2030
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leonard Earl Hathaway
2. Date of Birth (month) (day) (year): Oct. 5 1912
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Ashton Fremont
b. City or Town of Birth: Ashton Idaho

FATHER

6. Full Name of Father: John William Hathaway
7. State or Country of Father's Birth: North Ogden Utah

MOTHER

8. Full Maiden Name of Mother: Louisa Elgina Welker
9. State or Country of Mother's Birth: Safford Arizona

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leonard Earl Hathaway
11. Present Address of Registrant: Chester, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Sept 8, 1951

12. Signature of Notary: Margaret L. Mosier
13. Notary Commission expires: April 17 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Priesthood Certificate of Ordination
By whom issued and signed: L. D. S. Church
Date Issued:
Date Orig. Entry: 2-5-1928
Date of Birth: Oct. 5, 1912
Birth Place: Ashton, Idaho
Full Name of Mother:
Name of Father:
Class* B

SUPPORTING RECORD 2.

Type of Document: Deacon Certificate of Ordination
By whom issued and signed: L. D. S. Church
Date Issued:
Date Orig. Entry: 1-4-25
Date of Birth: Oct. 5, 1912
Birth Place: Ashton, Idaho
Full Name of Mother:
Name of Father:
Class B

SUPPORTING RECORD 3.

Type of Document: Church record, Baptised
By whom issued and signed: L. D. S. Church
Date Issued:
Date Orig. Entry: June 4, 1921
Date of Birth: Oct. 5, 1912
Birth Place: Ashton, Idaho
Full Name of Mother:
Name of Father:
Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by:
Date Filed: Sept. 11, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 (1-51)

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

[illegible]

[illegible] Full Name on Birth

[illegible] Place of Birth

[illegible] Full Name of Father

[illegible] State or Country of Father's Birth

[illegible] Full Maiden Name of Mother

[illegible] State or Country of Mother's Birth

[illegible] Signature of Registrant

[illegible] Present Address of Registrant

[illegible] Signature of Notary

[illegible] Notary Commission expires

[illegible]

[illegible]	[illegible]	[illegible]	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

SEP 12 [illegible]

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
W. W. Denson		Sept. 11, [illegible]

Class A Records are those made and dated before the [illegible] birthday.
Class B Records are those made after the fourth birthday [illegible]

622-229-022-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

State of Idaho

State File No. De51-2072
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Ashton
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ✓ Days
In **THIS** County years months days

2. **USUAL RESIDENCE of MOTHER** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street address or R. F. D. No. ✓
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address (for registration notice):
6820 Van Lucy's Calif.
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Abbie Elnora Osborne

5. **DATE OF BIRTH** (Month, day, year) July 29 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

FATHER OF CHILD

10. **FULL NAME** Clair L. Osborne

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Plainsville Kansas
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elnora Berger

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Idaho Falls, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes No Ed Approximate date

23. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

24. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

25. I HEREBY CERTIFY That I attended the birth of this child, who was July 29 1912 at M. on the date and at
(born alive, stillborn)
the place stated above, and that personal particulars were furnished by Elnora Osborne who is
(First name) (Last name)
related to this child as Mother,
(Mother, etc.)

27. (a) Sept. 26, 1951 (b) W. W. Benson
(Date received) (Registrar's signature)

28. Given name added on by
(Registrar's signature)

26. Attendant's OWN signature G. L. Hargis, M. D.
(D.O., Midwife, etc.)
and address Ashton Idaho Date Sept 13 1951

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication:.....

.....

..... **Induced?**.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury?.....

Describe: .....

SEP 26 [illegible]

(e) Signature of Physician:

.....

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2138
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No. General Delivery
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Ida

4. **FULL NAME OF CHILD** RUEL CHESTER ELLIOT

5. Date of Birth of Child (Month, day, year) October 30,1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer William Elliot
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Jackson Co., Oregon (City or town) (State or foreign country)
14. Exact Occupation Sheep Raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Meyers
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Genoa, Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by E. W. Elliot (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Martin Corich Midwife Address 2121 Madison, Boise, Ida. Date Oct.17,1951

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on October 17, 1951 by W. W. Benson, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED
OCT 17 195

266-106-021-693

RECEIVED APR 2 1952 DIVISION OF

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2583
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Fairview
   (c) Street Address or R.F.D. No. RFD
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 2 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Fairview
   (d) Street Address or R.F.D. No. RFD
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Alvin Bowden

5. Date of Birth of Child (Month, day, year) March 6, 1912

6 Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Robert Bowden
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Lapreal Orchard
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of BANNOCK } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 40 years, and that Nurse (unknown) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth L. Bowden Signature
RFD#2 North Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of April, 1952
(SEAL) P. H. Carlson, Notary Public, residing at Pocatello
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 2, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

APR 2 1952

MAR 7 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-122-028-663

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De-52-2601
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 823 Garden
(d) Name of Hospital or Maternity Home: Coeur d'Alene Hospital
(e) Mothers stay BEFORE delivery: In THIS county 9 years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 823 Garden
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD Jack Farrington Fisher

5. Date of Birth of Child (Month, day, year) November 22 1912

6 Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Grant Fisher
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace St Maries (City or town) Idaho (State or foreign country)
14. Exact Occupation Wire Chief
15. Industry or Business Interstate Tel. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Gladys Foley
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Crystal Lake Michigan (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Dr. John C. Dwyer (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladys Foley Fisher Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1952

(SEAL) Harold S. Purdy, Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 2, 1952 by W. W. Benson, Registrar

APR 3 1952

NOV 4 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

258-231-025-261

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2831
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Geraldine Seyfried		2. Date Of Birth (month) Jan. (day) 31, (year) 1912
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Riggins, formerly Goff
FATHER	6. Full Name of Father: Anton J. Seyfried		7. State or Country of Father's Birth: Edwardsville, Illinois
MOTHER	8. Full Maiden Name of Mother: Bessie L. Soards		9. State or Country of Mother's Birth: Joplin, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Geraldine Seyfried	11. Present Address of Registrant: 656 Filbert Ave. Eugene, Ore
NOTARY (Seal)	Subscribed and sworn to before me on: February 18, 19 52	12. Signature of Notary: Kenneth D. Bergman	13. Notary Commission expires: Notary Public for Oregon Sept. 16, 1955 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date issued:	Date Orig. Entry: Jan. 31, 1912
Class* A	Date of Birth: Jan. 31, 1912	Birth Place: Riggins, Idaho	Full Name of Mother:	Name of Father: Anton J. Seyfried	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: School Dist. 241 Grangeville, Idaho	Date issued:	Date Orig. Entry: Apr. 15, 1928
Class B	Date of Birth: Jan. 31, 1912	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: May 21, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 30 1972

State Filing Date

Local Reg. No.

Reg. Grant No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Gerald Geraldine Seyfried	2. Date of Birth (Month) Jan. 31, 1912	(Year)
	2. Color of Registrant: White	3. Place of Birth: Riggins, formerly Goff	4. Place of Birth: Riggins, formerly Goff
FATHER	5. Full Name of Father: Anton J. Seyfried	7. Place of Birth: Edwardsville, Illinois	
MOTHER	6. Full Maiden Name of Mother: Louise L. Boards	8. Place of Birth: Joplin, Missouri	
AFFIDAVIT	9. Date of Declaration: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: 50 Filbert Ave. Eugene, Ore
NOTARY	12. Subscribed and sworn to before me on: February 18, 19 5	13. Signature of Notary	14. Notary Commission expires: Notary Public for Oregon Sept. 16, 1955
SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: Date Orig. Entry: Apr. 17, 1912
	Date of Birth: Birth Place	Full Name of Mother	Name of Father
Class: A			
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: School List, Franklin, Idaho	Date Issued: Date Orig. Entry: Apr. 17, 1912
	Date of Birth: Birth Place: Jan. 31, 1912	Full Name of Mother	Name of Father
Class: B			
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued: Date Orig. Entry
	Date of Birth: Birth Place	Full Name of Mother	Name of Father
Class:			
QUALITY INFORMATION			
REGISTRAR CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by	Date Filed: May 21, 1952

CLASS A Records are those made and dated before the registrant's fourth birthday.
CLASS B Records are those made after the registrant's fourth birthday.

FORM DPH 4906

419-219037-39

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Da52- 2960
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Golda Bernice Martin		2. Date Of Birth (month) Oct (day) 19 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bruneau b. City or Town of Birth: Owyhee
FATHER	6. Full Name of Father: Frank Martin		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Lillie Jane Gludden		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Golda Moudy	11. Present Address of Registrant: 8205 SE Cornwell
NOTARY (Seal)	Subscribed and sworn to before me on: June 23 1952	12. Signature of Notary: Ernest F Stoering	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES SEPT 14, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal Record	Bruneau Congregational Church	11-2-51	4-1-23
Class* A	Date of Birth / Birth Place: Oct. 19, 1912, Bruneau, Idaho	Full Name of Mother: Lillie Martin	Name of Father: Frank Martin	
SUPPORTING RECORD 2.	School Record	School Dist, #365, Grand Viewm Idaho		
Class B	Oct. 19, 1912, Bruneau, Idaho			
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	June 30, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Health Statistics
State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

JUN 30 1952

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race (X, Sex) 5. Place of Birth (County)	4. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
	10. Person declare upon oath that the statements are true to the [illegible] knowledge and belief.	11. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on [illegible] 23 1952	12. Signature of Notary
		13. Notary Commission expires

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES SEPT. 14, 1953

PUBLIC STATISTICS
REGISTRAR'S OFFICE

PUBLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document: Baptismal Record	By whom issued and signed: Brunson Congregational Church	Date Issued: 11-[illegible]-23 / Date Orig. Entry: [illegible]-23
	Date of Birth / Birth Place: Oct. 12, [illegible], Brunson, Idaho	Full Name of Mother: Lillie Martin	Name of Father: [illegible]
Class A			
SUPPORTING RECORD	Type of Document: School Record	By whom issued and signed: School Dist. #365, Grand Valley Idaho	
	Date of Birth / Birth Place: Dec. 12, [illegible], Brunson, Idaho	Full Name of Mother	Name of Father
Class B			
SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
Class			
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [illegible]	Evidence reviewed by: Ona Hamilton	Date Filed: June 30, 19[illegible]

Class A Records are [illegible] and [illegible] the Registrant's Month of Birth.
Class B Records are those [illegible] the Month of Birth but are at least [illegible] years old.

Form DPH [illegible]

595-205-021-499

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JUL 8 1952 DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 2986
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Eva Rose Nielsen			2. Date of Birth (month) April (day) 5 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Weston Idaho a. County: Franklin	b. City or Town of Birth: Weston	
FATHER	6. Full Name of Father: John Peter Nielsen			7. State or Country of Father's Birth: Benson, Utah	
MOTHER	8. Full Maiden Name of Mother: Eva Louise Drinkwater			9. State or Country of Mother's Birth: Woodville, New Zealand	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Rose N. Reddick	11. Present Address of Registrant: 1025 S 4 Ave Pocatello Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 24 1952		12. Signature of Notary: W. Benson Smith	13. Notary Commission expires: April 16 1954	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: #282189 of her son Birth Certificate	By whom issued and signed: Bureau of Vital Statistics	Date Issued: Aug. 14, 1939	Date Orig. Entry
Class* B	Date of Birth: 27 yrs old	Birth Place: Weston, Idaho	Full Name of Mother: [illegible]	Name of Father
SUPPORTING RECORD 2.	Type of Document: Church record, L.D.S. Church	By whom issued and signed: Wm. F. Murri, Pocatello	Date Issued: Blessed 8/3/12; Baptized 6/12/20; Conf. 6/13/20;	Date Orig. Entry
Class A	Date of Birth: April 5, 1912	Birth Place: Weston, Idaho	Full Name of Mother: Eva Drinkwater	Name of Father: John P. Nielsen
SUPPORTING RECORD 3.	Type of Document: Pacific Mutual Life Ins. No. X-964911	By whom issued and signed: J. G. Jensen	Date Issued: 7/7/38	Date Orig. Entry
Class B	Date of Birth: 26 yrs old	Birth Place: Idaho	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

JUL 8 1961

FEB 14 1961

REGISTRANT	1. Registrant's Full Name of Birth: [illegible] Nielsen	2. Date of Birth (month) (day) (year): April 5 1912
	3. Color or Race: [illegible]	4. Sex: [illegible]
	5. Place of Birth: Weston Idaho	6. County: Franklin
		b. City or Town of Birth: Weston
FATHER	6. Full Name of Father: John Peter Nielsen	7. State or Country of Father's Birth: Benson, Utah
MOTHER	8. Full Maiden Name of Mother: Eva Louise Drinkwater	9. State or Country of Mother's Birth: Woodville, New Zealand
AFFIDAVIT	10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: 1025 S 4 Ave Pocatello Ida.
	12. Signature of Registrant: [illegible]	13. Notary Commission expires: [illegible]
	14. Subscribed and sworn to before me on: [illegible]	15. Signature of Notary: [illegible]

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Birth Certificate #882189 of Bar [illegible]	By whom issued and signed: Bureau of Vital Statistics	Date Issued: Aug. 14, 1959	Date Orig. Entry
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother:	Name of Father:
Class B				
SUPPORTING RECORD 2	Type of Document: Church record, L.D.S. Church	By whom issued and signed: [illegible] Burri, Pocatello	Date Issued: Plessed 8/3/12; Laptized 6/12/20; Conf. 6/15/20;	Date Orig. Entry
	Date of Birth: April 5, 1912	Birth Place: Weston, Idaho	Full Name of Mother: Eva Drinkwater	Name of Father: John P. Nielsen
Class A				
SUPPORTING RECORD 3	Type of Document: Pacific Mutual Life Ins. Co. X-[illegible]	By whom issued and signed: J. G. Jensen	Date Issued: 7/7/36	Date Orig. Entry
	Date of Birth: 20 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
Class B				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	

*Class A Records are those made [illegible] the Registrant's fourth birthday.
Class B Records are those made after the [illegible] birthday but are at least 5 years old.

14/229-001-255

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. D52-3045
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City EAGLE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City EAGLE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD ESTHER ESTELLE ADAIR

5. Date of Birth of Child (Month, day, year) 4-29-12

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ALLEN LESTER ADAIR

11. Color or Race WHITE

12. Age at time of THIS birth 33 yrs.

13. Birthplace SHELL ROCK? IOWA (City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME HILDA ETILIA BENSON

17. Color or Race WHITE

18. Age at time of THIS birth 34 yrs.

19. Birthplace TOFTERYD? SWEDEN (City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

~~29. Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of CALIFORNIA
County of SAN FRANCISCO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that Dr. Whiteman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilda Etilia Adair Signature

244 Pope St., San Francisco, Calif. P. O. Address

Subscribed and sworn to before me this 18th day of July, 1952

(SEAL) William J. Fitzgibbons Notary Public, residing at San Francisco Cal.

MY COMMISSION EXPIRES OCT. 26, 1952

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

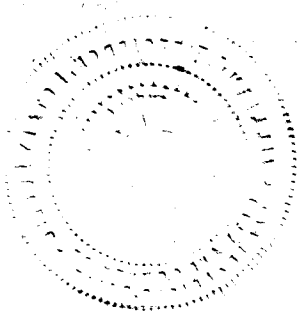
Received for filing on July 25, 1952 by W. W. Benson, Registrar.

JUL 28 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

168-207-030-49?

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3218
Local Reg. No. 67
Reg. Dist. No.

JUL 26 1952
DIVISION OF VITAL STATISTICS

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name: Catherine Rose Johnson
2. Date of Birth (month) Sept. (day) 7th (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Lemhi; b. City or Town of Birth Leadore

FATHER

6. Full Name of Father: James Shirbie Johnson
7. State or Country of Father's Birth: Winchester Kentucky

MOTHER

8. Full Maiden Name of Mother: Viola Ellen Miller
9. State or Country of Mother's Birth: Dayton Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Catherine Rose Johnson
11. Present Address of Registrant: Salmon Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 2, 1952
12. Signature of Notary: [signature]
13. Notary Commission expires: Sept. 5, 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Episcopal Church Rev. E.E.Ellis, Vicar		5/31/1925
Class* B	Date of Birth / Birth Place: Sept. 7, 1912 Leadore, Idaho	Full Name of Mother: Viola Ellen Johnson	Name of Father: James S. Johnson	
SUPPORTING RECORD 2.	School Record	County School Supt., Lemhi County - M. R. Ellis	7/21/52	
Class B	Date of Birth / Birth Place: Sept. 7, 1912 Leadore, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit by nurse, Attendant	Elizabeth Clark	Sept. 3, 1952	
Class A	Date of Birth / Birth Place: Sept. 7, 1912, Leadore, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Sept. 8, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. Le52-[illegible]
Local Reg. No.
Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year)
	3. Color or Race: [illegible] 4. Sex: 5. Place of Birth (county)	Cty or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: 11. Present address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: 13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom issued and signed: Episcopal Church, Rev. [illegible], Vicar	Date Issued: 5/31/1926
	Date of Birth: [illegible]	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document: School Record	By whom issued and signed: Country School Supt., Lewis, Count[illegible]	Date Issued: 7/21/52
	Date of Birth: Sept. 7, 1912	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document: Affidavit by nurse, Attendant Elizabeth [illegible]	By whom issued and signed	Date Issued: Sept. [illegible], 1912
	Date of Birth: Sept. 7, 1912	Full Name of Mother	Name of Father
QUALIFYING INFORMATION			

REGISTRAR'S (Seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing application.

State Registrar: [illegible] Evidence reviewed by: [illegible] Sept. 9, 1952

Class A Records are those [illegible] birthday.
Class B Records are those [illegible] years old.

269-115-007-691

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3338
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul Charles Borup		2. Date Of Birth (month) Jan (day) 15 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine; b. City or Town of Birth: Manard Idaho
FATHER	6. Full Name of Father: Charle Burk Borup		7. State or Country of Father's Birth: Utah Utah County
MOTHER	8. Full Maiden Name of Mother: Isabelle (No middle name) Wray		9. State or Country of Mother's Birth: Minnesota Ramsey County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul C Borup	11. Present Address of Registrant: 1717 No 30th Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 13 1952	12. Signature of Notary: [signature]	13. Notary Commission expires: May 7 - 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record		By whom issued and signed: Isabelle Borup	Date Issued: Jan 1912	Date Orig. Entry: Jan 1912
Class* A	Date of Birth: Jan 15 1912	Birth Place: Manard, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Child's birth Certificate		By whom issued and signed: Bureau of Vital Statistics State of Idaho #408557	Date Issued: 7/19/45	Date Orig. Entry: 7/1/45
Class B	Date of Birth: 33 yrs old	Birth Place: Manard, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Karnes	10/11/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 21 1960

STATE OF HAWAII

DEPARTMENT OF HEALTH

CERTIFICATE OF BIRTH

1. Name of child (First, middle, last) | 2. Sex | 3. Date of birth (Month, day, year) | 4. Hour of birth

5. Place of birth (City or town) | (County) | (Island)

6. Name of father | 7. Color or race | 8. Age at last birthday (Years)

9. Birthplace (State or country)

10. Name of mother | 11. Color or race | 12. Age at last birthday (Years)

13. Birthplace (State or country)

14. Number of previous children born to this mother | 15. Number of children now living

16. Usual residence of parents (State) | (County) | (City or town) | (Street address)

17. Name and address of informant

18. Relationship to child

19. Date filed (Month, day, year)

20. Signature of local registrar

21. Number

I HEREBY CERTIFY that I attended the birth of this child who was born alive at the time, date and place above stated.

22. Signature of attendant

23. Address

24. Date signed (Month, day, year)

25. If attendant was not physician, state why no physician was in attendance

26. Signature of person in charge of institution

27. Address

28. Date signed (Month, day, year)

29. Signature of father or informant

30. Address

31. Date signed (Month, day, year)

32. Signature of mother or informant

33. Address

34. Date signed (Month, day, year)

35. Signature of local registrar

36. Date received by registrar (Month, day, year)

37. Registered number

38. Amended (Month, day, year)

39. Signature of local registrar

40. Date received by registrar (Month, day, year)

41. Registered number

42. Amended (Month, day, year)

43. Signature of local registrar

44. Date received by registrar (Month, day, year)

45. Registered number

46. Amended (Month, day, year)

47. Signature of local registrar

48. Date received by registrar (Month, day, year)

49. Registered number

50. Amended (Month, day, year)

51. Signature of local registrar

52. Date received by registrar (Month, day, year)

53. Registered number

54. Amended (Month, day, year)

55. Signature of local registrar

56. Date received by registrar (Month, day, year)

57. Registered number

58. Amended (Month, day, year)

59. Signature of local registrar

60. Date received by registrar (Month, day, year)

61. Registered number

62. Amended (Month, day, year)

63. Signature of local registrar

64. Date received by registrar (Month, day, year)

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458-105-033-285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-3427
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Plano
(c) Street Address or R F.D No. Star Route
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 14 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 411 Putnam
(e) How long has **MOTHER** lived in Idaho? 58 yrs.
(f) Mother's mailing address 411 Putnam
3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Robert William Meyers
5. Date of Birth (Month, day, year) July 5, 1912
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Joseph Meyers
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Berne (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Sherer
17. Color or Race White
18. Age at time of THIS birth 42 years
19. Birthplace Zurich (City or town) Switzerland (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Nov. 4, 1952 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Bertha Meyers, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert William Meyers (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Perrnoud (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Bertha Meyers ..... Name
Pocatello Idaho ..... P. O. Address

Subscribed and sworn to before me on this 12 day of November, 1952

(SEAL)

Doris L. Meyers Notary Public, residing at Boise, Idaho

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

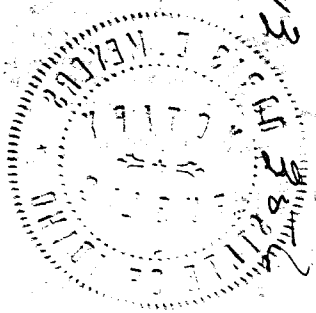
NOV 5 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED



626-204-042 -21

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3482
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Osoro			2. Date Of Birth (month) March (day) 4 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County	b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: Edward Osoro			7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Santa Satica			9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Osoro Yosovich		11. Present Address of Registrant: 1935 North Prescott Portland, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: October 24 19 52	12. Signature of Notary: Alice Dicke		13. Notary Commission expires: March 15 19 54

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Roman Catholic Church	Date Issued:	Date Orig. Entry: June 30, 1912
Class* A	Date of Birth: March 4, 1912	Birth Place: Twin Falls, Idaho	Full Name of Mother: Santa Satica	Name of Father: Edward Osoro	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Metropolitan Life Insurance Co.	Date Issued:	Date Orig. Entry: Mch. 15, 1937
Class B	Date of Birth: Mch. 4, 1912	Birth Place: Twin Falls, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	Nov. 21, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

Registrar's Office No. [illegible]

Registrar's No.

Registrar's Signature

Reg. Dist. No.

Subdist. No.

Birth No.

REGISTRANT

1. Person whose Birth is being registered — Name at Birth: [illegible]

2. Color or Race: W — 3. Sex: F — 4. Place of Birth: County: [illegible] — Place of Birth: City or Town of Birth: Twin Falls, Idaho

5. Date of Birth: Month: March — Day: 4 — Year: 1912

PARENTS

6. Full Name of Father: [illegible]

7. State or Country of Father's Birth: Idaho

8. Full Maiden Name of Mother: [illegible]

9. State or Country of Mother's Birth: Spain

VERIFICATION

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]

11. Present Address of Registrant: 1935 North Prescott, Portland, Oregon

Subscribed and sworn to before me on [illegible] 1952

12. Signature of Notary: [illegible]

13. Notary Commission expires: March 15, 1954

REGISTRANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism

By whom issued and signed: Roman Catholic Station

Date Issued:

Date Orig. Entry: June 30, 1912

Date of Birth: March 4, 1912 — Birth Place: Twin Falls, Idaho — Full Name of Mother: [illegible] — Name of Father: [illegible]

Class: A

SUPPORTING RECORD 2.

Type of Document: Insurance Policy

By whom issued and signed: Metropolitan Life Insurance Co.

Date Issued:

Date Orig. Entry: Mch. 15, 1937

Date of Birth: Mch. 4, 1912 — Birth Place: Twin Falls, Idaho — Full Name of Mother: [illegible] — Name of Father: [illegible]

Class: B

SUPPORTING RECORD 3.

Type of Document:

By whom issued and signed:

Date Issued:

Date Orig. Entry:

Date of Birth: — Birth Place: — Full Name of Mother: — Name of Father:

Class:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that my or my birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Registrar: [illegible] Benson

Evidence reviewed by: [illegible]

Date Filed: Nov. 21, 1952

Class A Record: [illegible]

Class B Record: [illegible]

Form [illegible]

ALICE SIECKE NOTARY PUBLIC STATE OF OREGON

154-208.1038-554

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3506
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EDITH ELIZABETH ANDERSON
2. Date Of Birth: (month) December (day) 8, (year) 1912
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: a. County: PAYETTE; b. City or Town of Birth: PAYETTE

FATHER

6. Full Name of Father: BERT WARREN ANDERSON
7. State or Country of Father's Birth: ILLINOIS

MOTHER

8. Full Maiden Name of Mother: CHARLOTTE NEU
9. State or Country of Mother's Birth: ILLINOIS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edith E. Anderson
11. Present Address of Registrant: 7101 Stanford Avenue, La Mesa, California

NOTARY (Seal)

Subscribed and sworn to before me on: November 28 1952
12. Signature of Notary: Dorothy M. Howard
13. Notary Commission expires: October 19 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Census Record	Bureau of the Census, Roy P. Veel	11/5/52	Jan. 1, 1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	7 yrs old / Idaho	Charlotte Anderson	Bert W. Anderson	
SUPPORTING RECORD 2. Class B	Type of Document: Letter from Aurora College, Aurora, Ill.	By whom issued and signed: James E. Crimi, Registrar	Date Issued: 11/19/52	Date Orig. Entry: 1931 - 1936
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 8, 1912 / Payette, Idaho			
SUPPORTING RECORD 3. Class B	Type of Document: Application for insurance	By whom issued and signed: Aetna Life Insurance Co.	Date Issued: July 30, 1932	Date Orig. Entry
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 8, 1912 / Payette, Idaho	Charlotte N. Anderson		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 28, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

DEC 1 1952

STATE FILE NUMBER 52-

1. Name of child (a) First (b) Middle (c) Last

CHARLOTTE MAY

2. Sex: FEMALE

3. (a) Date of birth: December 8, 1912

(b) Hour of birth: —

4. (a) City or town of birth: Chicago

(b) County of birth: Cook

5. Full name of father: HENRY WARREN ANDERSON

6. Full maiden name of mother: CHARLOTTE HSU

7. (a) Color or race: White

(b) Age at last birthday: 39

8. (a) Birthplace: Illinois

(b) Citizen of what country: U.S.A.

9. (a) Occupation: Teacher

(b) Kind of business or industry: Public Schools

10. Residence: 7101 Sheridan Avenue, Chicago, Illinois

11. Informant: Mother

12. Name and address of person or institution where child was born: Home

13. Number of previous children born to this mother: 0

14. Number of children now living including this child: 1

15. Was birth attended by physician, midwife, or other person? Physician

16. Was birth certificate filed within 10 days? Yes

17. Was child born out of wedlock? No

18. Was mother married to father at time of birth? Yes

19. Was mother married to father at time of conception? Yes

20. Was mother married to father at time of child's conception? Yes

21. Was mother married to father at time of child's conception? Yes

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215-203-003-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3514
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Erma Dean Sant
2. Date of Birth (month) (day) (year): March 3 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock b. City or Town of Birth: Thatcher not known Thatcher

FATHER

6. Full Name of Father: Elmer Sant
7. State or Country of Father's Birth: Grover, Wyoming

MOTHER

8. Full Maiden Name of Mother: Isabelle Walton
9. State or Country of Mother's Birth: Blue Valley, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Erma Dean Sant Hamilton
11. Present Address of Registrant: Milton, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: November 28, 1952
12. Signature of Notary: James D. Stokes
13. Notary Commission expires: Oct. 14, 1955

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church record	L. D. S. Church		Baptized on May 29, 1920
Class* B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar. 3, 1912 Thatcher, Idaho	Isabell Walton	Elmer Sant	
SUPPORTING RECORD 2.	Seattle Public School record	John Capretta, Principal	Mar. 17, 1952	School year 1925-1926
Class B	Mar. 3, 1912			
SUPPORTING RECORD 3.	Life Ins. Policy No. 159028 M1	Metropolitan Life Ins. Co.		Nov. 1, 1933
Class B	Age next Birth-day 22 yrs.			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Dec. 1, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 5652 3[illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being Registered)	1. Registrant's Full Name of Birth: Emma Dean Sant	2. Date of Birth (month) (day) (year): March 3 1912
	3. Color or Race (1. Sex): White (2. Sex): Female	4. Place of Birth (County): Thatcher (Town of Birth): Thatcher
FATHER	5. Name of Father: Elmer Sant	7. State or Country of Father's Birth: Grover, Wyoming
MOTHER	8. Maiden Name of Mother: Isabelle Walton	9. State or Country of Mother's Birth: Blue Valley, Utah
APPLICANT	10. Hereby declare under oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: Milton, Washington
	12. Subscribed and sworn to before me on: November 28, 1952	13. Signature of Notary: [signature]
		14. Notary Commission expires: Oct. 14, 1953

APR 25 1962

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church record	By whom issued and signed: L. B. [illegible]	Date Issued	Date Orig. Entry: Baptized on May 29, 1920
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Mar. 3, 1912 Thatcher, [illegible]	[illegible]		
SUPPORTING RECORD 2	Type of Document: Pratt's Public School record	By whom issued and signed: John [illegible], Principal	Date Issued: Mar. 17, 1932	Date Orig. Entry: School year 1923-1928
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Mar. 3, 1912			
SUPPORTING RECORD 3	Type of Document: Life Ins. Policy No. 15[illegible]	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued	Date Orig. Entry: Nov. 1, 1953
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Mar. 3, 1912			

QUALIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Dec. 1, 1952

DELAYED

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday and are at least 5 years old.

459-117-032-695

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3592
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Earl Merrill			2. Date of Birth (month) Dec. (day) 17 (year) 1912	
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Shoshone	Lincoln
FATHER	6. Full Name of Father: Charles B Merrill			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Francis Helen Winston			9. State or Country of Mother's Birth: Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: C E Merrill		11. Present Address of Registrant: 1628 So Latah - Boise	
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19____	12. Signature of Notary		13. Notary Commission expires _____ 19____	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: Occidental Life Ins. Co.	Date Issued: May 27, 1933	Date Orig. Entry: Policy dated May 27, 1933	
Class* B	Date of Birth: Dec. 17, 1912	Birth Place: Gooding, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt	By whom issued and signed: Myrtle Winston	Date Issued: 12/27/52	Date Orig. Entry:	
Class B	Date of Birth: Dec. 17, 1912	Birth Place: Gooding, Idaho	Full Name of Mother: Rrancis Helen Winston	Name of Father: Charles B. Merrill	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: W. A. Winston	Date Issued: 12.27/52	Date Orig. Entry:	
Class B	Date of Birth: Dec. 17, 1952	Birth Place: Gooding, Idaho	Full Name of Mother: Francis Helen Winston	Name of Father: Charles B. Merrill	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Dec. 27, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

State File No. DEC 2552

Local Reg. No.

Reg. Dist. No.

JAN 05 2011

DEC 30 1952

REGISTRANT	1. Registrant's full name as of birth	2. Date of Birth (month) (day) (year)	
(Person who is being registered)	3. Color or Race 4. Sex 5. Place of Birth (Province)		City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires
	19		19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Application for Insurance	Occidental Life Ins. Co.	May 27, 1953	Policy dated May 27, 1953
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B	Dec. 17, 1912 Gooding, Idaho			
RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by aunt	Myrtle Winston	12/27/52	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B	Dec. 17, 1912 Gooding, Idaho	Francis Helen Winston	Charles B. Merrill	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by Uncle	W. A. Winston	12.27/52	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B	Dec. 17, 1952 Gooding, Idaho	Francis Helen Winston	Charles B. Merrill	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal) — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing registrant.

Date Registrar	Evidence Reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Dec. 27, 1952

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least 1 year old.

Form DEC 30061

366-21'025-366

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-38
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irene Ida Town
2. Date of Birth (month) Oct. (day) 11 (year) 1912
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Long Vally, Idaho
b. City or Town of Birth:

FATHER

6. Full Name of Father: Fred H. Town
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Daisy B. Town
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. R. E. Veldez
11. Present Address of Registrant: St. Maries, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 10 1953

12. Signature of Notary: Ray A Bowen
13. Notary Public for the State of Idaho residing at St. Maries, Idaho
My Commission Expires Feb. 24, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	Department of Commerce Bureau of the Census		Census 1930
Class* B	Date of Birth: 17 yrs old / Birth Place: Idaho	Full Name of Mother: Daisy Town	Name of Father: Fred H. Town	
SUPPORTING RECORD 2.	Child's birth certificate	On file Bureau of Vital Statistics #198421		Aug. 10, 1931
Class B	Date of Birth: 18 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Child's birth certificate	On file Bureau of Vital Statistics 352435		Apr. 11, 1934
Class B	Date of Birth: 21 yrs old / Birth Place: Long Valley, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fredson	Jan. 13, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

State File No. [illegible]
Local Reg. No.
Reg. State No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JAN 13 1939

REGISTRANT (Person whose birth is being registered)	1. Complete Full Name of Birth		2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Sex	5. Place of Birth — County
			Ability of Town of Birth
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on 19	12. Signature of Notary	13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				
SUPPORTING RECORD B	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				
SUPPORTING RECORD C	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal) — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which supplantiates the facts as set forth in the form of abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]		Jan. 13, 1939

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday and are at least [illegible]

249-206-025-133

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JAN 15 1953
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-44
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Leona May Smith ~~Smith~~ Leona May Smith	2. Date of Birth (month) January (day) 6 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Kooskia, Idaho
FATHER	6. Full Name of Father: Herbert "Bert" Smith	7. State or Country of Father's Birth: New Jersey	
MOTHER	8. Full Maiden Name of Mother: Ethel Grace Smith (Maiden name: Ethel Grace Allen)	9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona May Smith	11. Present Address of Registrant: 302 3rd St. Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on January 13 1953	12. Signature of Notary: Kenneth A. Lavey	13. Notary Commission expires: March 21 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by	Mrs. Kate Crook	Jan. 12, 1953	
Class* B	Date of Birth: Jan. 6, 1912 — Birth Place: Kooskia, Idaho	Full Name of Mother: Ethel Allen	Name of Father: Herbert Smith	
SUPPORTING RECORD 2.	Affidavit by	Fred E. Judd	Jan 15, 1953	
Class B	Date of Birth: Jan. 6, 1912, — Birth Place: Kooskia, Idaho	Full Name of Mother: Ethel Allen	Name of Father: Herbert Smith	
SUPPORTING RECORD 3.	Child's birth certificate	By whom issued and signed: On file Bureau of Vital Statistics #233639	Date Issued:	Date Orig. Entry: 5-31-35
Class B	Date of Birth: 23 yrs old — Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fraser	Date Filed: Jan. 15, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-44

Local Reg. No.

Reg. Dist. No.

RECEIVED JAN 16 1953 DIVISION OF VITAL STATISTICS

JAN 15 1953

REGISTRANT (Person whose birth is being registered)	1. Registrar (Name)	2. Date of Birth (month) (day) (year) January 6 1912
	3. Child of Race (Sex) Female	4. Place of Birth (Name) Idaho	5. City or Town of Birth Kooskia, Idaho
FATHER	6. Full Name of Father Herbert "Bert" Smith	7. State or Country of Father's Birth New Jersey
MOTHER	8. Full Maiden Name of Mother Ethel Grace Smith (Maiden Name) Ethel Grace Allen	9. State or Country of Mother's Birth Minnesota
AFFIDAVIT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant [signature]	12. Present Address of Registrant 302 3rd St. Lewiston, Idaho
	13. Subscribed and sworn to before me on [signature]	14. Signature of Notary [signature]	15. Notary Commission expires [signature] 19[illegible]

APPLICATION DO NOT WRITE IN THIS SPACE

SUPPORTING RECORD 1	Type of Document: Affidavit by	By whom issued and signed: Mrs. Kate Crook	Date Issued: Jan. 10, 1953
	Date of Birth: Birth Place	Full Name of Mother: [illegible]	Name of Father: [illegible]
Class: B	[illegible]		
SUPPORTING RECORD 2	Type of Document: Affidavit by	By whom issued and signed: Fred T. Judd	Date Issued: Jan 25, 1953
	Date of Birth: Birth Place	Full Name of Mother: Ethel Allen	Name of Father: Herbert Smith
Class:	Jan. 6, 1912, Kooskia, Idaho		
SUPPORTING RECORD 3	Type of Document: Child's birth certificate	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: Birth Place	Full Name of Mother:	Name of Father:
Class: B	24 yrs old Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the following abstract.

Signature of Registrar: [signature]	Evidence reviewed by: [signature]	Date Filed: Jan. 15, 1953

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the Registrant's fourth birthday, but are at least 1 year old.

452-129-020-452

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-338
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SYLVESTER MESSINGER		2. Date of Birth (month) (day) (year): AUGUST 29 1912
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO ELMORE. b. City or Town of Birth: LITTLE CAMAS
FATHER	6. Full Name of Father: GLEN Everett MESSINGER		7. State or Country of Father's Birth: BRITT IOWA
MOTHER	8. Full Maiden Name of Mother: IRENE CATHERINE MESSINGER		9. State or Country of Mother's Birth: GLENVILLE MINNESOTA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: ~~SYLVES~~ Sylvester Messinger	11. Present Address of Registrant: COOKE. B.C. CANADA
NOTARY (Seal)	Subscribed and sworn to before me on: March 13th 1953.	12. Signature of Notary: M M Condley	13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Irene Messinger	Date Issued: Apr. 25, 1935	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Aug. 29, 1912, Elmore County, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: G. E. Messinger	Date Issued: Apr. 25, 1935	Date Orig. Entry
Class B	Date of Birth / Birth Place: Aug. 29, 1912, Elmore County, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Certificate of Medical Rejection, Canadian Army	By whom issued and signed	Date Issued: Nov. 18, 1942	Date Orig. Entry
Class B	Date of Birth / Birth Place: Aug. 29, 1912,	Full Name of Mother	Name of Father: -	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel F Feeler	Date Filed: Apr. 2, 1953	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Reg. No.

APR 3 1958

1. Full Name of Birth		2. Date of Birth (Month) (Day) (Year)	
3. Sex	4. Color or Race	5. Place of Birth (County)	6. City or Town of Birth
FATHER	7. Full Name of Father	8. Place of Country of Father's Birth	
MOTHER	9. Full Maiden Name of Mother	10. Place of Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 10	13. Signature of Notary	14. Notary Commission expires 20

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit Birth Place			
	Date of Birth	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	

SUPPORTING AFFIDAVIT

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least 8 years old.

291-13-044-849

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-435
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carl Fred Braden			2. Date of Birth (month) August (day) 31 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Cambridge, Idaho
FATHER	6. Full Name of Father: Leroy Taylor Braden			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Anna Elizabeth Hurd			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl Fred Braden		11. Present Address of Registrant: Rt. 1 - Weiser, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 27th 1953	12. Signature of Notary: Elizabeth Coulter		13. Notary Commission expires: Jan 20 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: National Guard of the United States	Date Issued	Date Orig. Entry: June 6, 1934
Class* B	Date of Birth: 21 yrs	Birth Place: Cambridge, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Insurance Co.	Date Issued: Sept. 11, 1946	Date Orig. Entry
Class B	Date of Birth: Aug. 31, 1912	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, Idaho	Date Issued: Nov. 20, 1935	Date Orig. Entry
Class B	Date of Birth: 23 yrs old	Birth Place: Cambridge, Idaho	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Apr. 29, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Reg. Dist. No. _____ Local Reg. No. _____

REGISTRANT (Person whose birth is being registered)

1. Name at Birth: Laura Ann Ward

2. Date of Birth: Aug. 31, 1912

3. Color or Race: W

4. Sex: F

5. Place of Birth: a. County: Washington b. City or Town: Weiser

FATHER

6. Full Name of Father: Lafayette Ward

7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Lucy Ann Hamilton

9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Laura Ward

11. Present Address of Registrant: Weiser, Idaho

NOTARY

12. Signature of Notary: Stephen Lewis

13. Notary commission expires: June 22, 1952

DO NOT WRITE BELOW THIS LINE

Description	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Item 1	Notarial Declaration	National Guard of the United States	June 5, 1952	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

Description	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Item 2	Insurance Policy	Mutual Life Insurance Co.	Sept. 11, 1950	
Class B	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Aug. 31, 1912, Idaho			

Description	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Item 3	Certified birth certificate	Bureau of Vital Statistics	Nov. 20, 1952	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	40 yrs old / Owyhee, Idaho			

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the above statements.

Date Filed: Nov. 20, 1952

Registrar: R. R. Pendon

Issued by: [illegible]

*Class A Records are those made and dated within one year after birth.
Class B records are those made after one year but within [illegible] at least 5 years old.

DELAYED

349-722009-964

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-487
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lewis Frederick Turcott		2. Date of Birth (month) (day) (year): Dec. 22nd 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Sandpoint, Bonner b. City or Town of Birth: Sandpoint, Idaho
FATHER	6. Full Name of Father: Peter McDonald Turcott		7. State or Country of Father's Birth: Oswego, Michigan
MOTHER	8. Full Maiden Name of Mother: Tena Rodlod		9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lewis Frederick Turcott by- Tena Turcott, mother	11. Present Address of Registrant: Pierce, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 9th 1953	12. Signature of Notary: Chas M Cashen	13. Notary Commission expires: Mar. 26 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: Gem State Mutual	Date Issued: 9-1-1949	Date Orig. Entry:
Class* B	Date of Birth: Dec. 22, 1912	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Clearwater County Board of Education	Date Issued: Census	Date Orig. Entry: of 1926
Class B	Date of Birth: 12 yrs old	Birth Place:	Full Name of Mother: Lena Turcott	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Clearwater County Board of Education	Date Issued: Census	Date Orig. Entry: of 1927
Class B	Date of Birth: 14 yrs old	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: W. W. Benson	Date Filed: May 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but at least 5 years old.

Form DPH 49067

MAY 15 1953

756-015 025-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-513
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Enid Mildred George

2. Date of Birth (month) (day) (year): August 15 1912

3. Color or Race: White

4. Sex: female

5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Woodland

FATHER

6. Full Name of Father: Lorenzo D. George

7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Lydia C. Sanders

9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Enid Mildred George (Griffith)

11. Present Address of Registrant: Manchester, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: May 2 1953

12. Signature of Notary: C. L. Jones

13. Notary Commission expires: July 29 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible Record	Bible viewed by Family Bible Paul G. Eimers, Notary		Aug. 15, 1912
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 15, 1912	Lydia C. Sanders	Lorenzo D. George	
SUPPORTING RECORD 2. Class B	Census Record	Department of Commerce Bureau of the Census	1920 Census	
	7 yrs old / Idaho	Lydia George	L. D. George	
SUPPORTING RECORD 3. Class				
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		May 22, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRAR

1. Registrant's Full Name at Birth: Enid Mildred George
2. Date of Birth (month) (day) (year): August 15 1912
3. Sex: Female
4. Place of Birth: Woodland, Idaho
5. City or Town of Birth: Woodland

FATHER

6. Full Name of Father: Lorenzo D. George
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Lydia [illegible] Sanders
9. State or Country of Mother's Birth: Kansas

MAY 22 1953

AFFIDAVIT

I hereby [illegible] upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: Manchester, Wash.

Subscribed and sworn to before me on [illegible]

12. Signature of Clerk: [illegible]
13. Notary Commission expires: [illegible]

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible] Record	[illegible]		[illegible]
Date of Birth / Birth Place	Full Name of Mother	Name of Father	

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible]		May 22, [illegible]

*Class A Records are those made and dated before the Registrar's Fourth Birthday.
*Class B Records are those made after the Registrar's Fourth Birthday but are at least [illegible].

Form DEN-[illegible]

243-106-013-384

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-533
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GLENN L. BUTLER
2. Date of Birth (month) (day) (year): MAY 6 1912
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Camas
b. City or Town of Birth: Fairfield Idaho

FATHER

6. Full Name of Father: John Lowe Butler
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: Bertha Malvina Thurber Butler
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glenn L. Butler
11. Present Address of Registrant: 1851B-40th Pl NE, Seattle Wash

NOTARY (Seal)

Subscribed and sworn to before me on: May 26 1953
12. Signature of Notary: Theodore L. McPhail
13. Notary Commission expires: June 14 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Discharge	United States Naval Reserve	Oct. 22, 1939	
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 6, 1912, Fairfield, Idaho			
SUPPORTING RECORD 2.	Affidavit of midwife	Annie C. Thurber	June 10, 1938	
Class A	May 6, 1912	Bertha M. Butler		
SUPPORTING RECORD 3.	Separation from [illegible]	U. S. Naval Service	Jan. 28, 1946	
Class B	May 6, 1912, Fairfield, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Theeler	May 29, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

12/4/09, ADDED FILE DATE USING FIRST ISSUE DATE, KMC

APR 26 1974

MAY 29 1974

719-101-033-465

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-557
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: KEITH DONEY PARKINSON			2. Date of Birth (month) NOV (day) 1 (year) 1912
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO MADISON	b. City or Town of Birth: REXBURG
FATHER	6. Full Name of Father: FREDERICK SMART PARKINSON			7. State or Country of Father's Birth: IDAHO FRANKLIN
MOTHER	8. Full Maiden Name of Mother: BESSIE ANN DONEY			9. State or Country of Mother's Birth: IDAHO FRANKLIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Keith Doney Parkinson		11. Present Address of Registrant: REXBURG IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: May 28th 1953	12. Signature of Notary: Fullen L. Hale		13. Notary Commission expires: February 1st 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: Nov. 5, 1921
Class* B	Date of Birth / Birth Place: Nov. 1, 1912, Rexburg, Idaho	Full Name of Mother: Bessie Doney	Name of Father: Frederick Smart Parkinson	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Confirmed	Date Orig. Entry: Nov. 6, 1921
Class B	Date of Birth / Birth Place: Nov. 1, 1912 Rexburg, Idaho	Full Name of Mother: Bessie Doney	Name of Father: Frederick Smart Parkinson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Bessie D. Parkinson	Date Issued: June 2, 1953	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Nov. 1, 1912, Rexburg, Idaho	Full Name of Mother: Bessie D. Parkinson	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fields	Date Filed: June 4, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 26 1975

1. NAME OF CHILD (First, Middle, Last): KEITH DUNCAN FRANKLIN

2. SEX: Male

3. DATE OF BIRTH (Month, Day, Year): November 1, 1975

4. PLACE OF BIRTH: a. County: Bingham; b. City or Town: Blackfoot; c. Name of Hospital or Institution: Bingham Memorial Hospital

5. MOTHER'S MAIDEN NAME: JANET MARIE IDAHO MADISON

6. MOTHER'S RESIDENCE: a. State: Idaho; b. County: Bingham; c. City or Town: Blackfoot; d. Street Address: 1234 Main

7. MOTHER'S BIRTHPLACE: a. State or Foreign Country: Idaho; b. City or Town: Rexburg

8. MOTHER'S AGE AT TIME OF BIRTH: 24

9. MOTHER'S RACE: White

10. MOTHER'S USUAL OCCUPATION: Housewife

11. FATHER'S NAME: CLARK JAMES FRANKLIN

12. FATHER'S RACE: White

13. FATHER'S AGE AT TIME OF BIRTH: 26

14. FATHER'S USUAL OCCUPATION: Regular Army Company

15. INFORMANT'S NAME AND MAILING ADDRESS: Janet L. Franklin, 1234 Main, Blackfoot, Idaho

16. DATE INFORMATION RECEIVED BY REGISTRAR: Dec. 26, 1975

17. NAME AND ADDRESS OF PERSON WHO DELIVERED CHILD: Dr. Thomas Jones, Bingham Memorial Hospital, Blackfoot, Idaho

18. DATE SIGNED BY ATTENDANT: Nov. 2, 1975

19. DATE FILED BY REGISTRAR: Dec. 26, 1975

20. REGISTRAR'S SIGNATURE: Mary Johnson

21. REGISTRAR'S NUMBER: 1975-1234

22. DATE ACCEPTED BY REGISTRAR: Dec. 26, 1975

23. CERTIFICATE NUMBER: 1975-1234

24. SIGNATURE OF STATE REGISTRAR: Mary Johnson

25. DATE ISSUED: Dec. 26, 1975

26. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

27. DATE ISSUED: Dec. 26, 1975

28. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

29. DATE ISSUED: Dec. 26, 1975

30. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

31. DATE ISSUED: Dec. 26, 1975

32. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

33. DATE ISSUED: Dec. 26, 1975

34. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

35. DATE ISSUED: Dec. 26, 1975

36. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

37. DATE ISSUED: Dec. 26, 1975

38. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

39. DATE ISSUED: Dec. 26, 1975

40. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

41. DATE ISSUED: Dec. 26, 1975

42. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

43. DATE ISSUED: Dec. 26, 1975

44. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

45. DATE ISSUED: Dec. 26, 1975

46. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

47. DATE ISSUED: Dec. 26, 1975

48. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

49. DATE ISSUED: Dec. 26, 1975

50. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

51. DATE ISSUED: Dec. 26, 1975

52. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

53. DATE ISSUED: Dec. 26, 1975

54. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

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58. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

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60. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

61. DATE ISSUED: Dec. 26, 1975

62. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

63. DATE ISSUED: Dec. 26, 1975

64. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

65. DATE ISSUED: Dec. 26, 1975

66. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

67. DATE ISSUED: Dec. 26, 1975

68. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

69. DATE ISSUED: Dec. 26, 1975

70. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

71. DATE ISSUED: Dec. 26, 1975

72. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

73. DATE ISSUED: Dec. 26, 1975

74. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

75. DATE ISSUED: Dec. 26, 1975

76. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

77. DATE ISSUED: Dec. 26, 1975

78. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

79. DATE ISSUED: Dec. 26, 1975

80. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

81. DATE ISSUED: Dec. 26, 1975

82. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

83. DATE ISSUED: Dec. 26, 1975

84. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

85. DATE ISSUED: Dec. 26, 1975

86. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

87. DATE ISSUED: Dec. 26, 1975

88. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

89. DATE ISSUED: Dec. 26, 1975

90. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

91. DATE ISSUED: Dec. 26, 1975

92. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

93. DATE ISSUED: Dec. 26, 1975

94. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

95. DATE ISSUED: Dec. 26, 1975

96. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

97. DATE ISSUED: Dec. 26, 1975

98. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

99. DATE ISSUED: Dec. 26, 1975

100. SIGNATURE OF LOCAL REGISTRAR: Mary Johnson

856-1031001-856

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-607
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clay Granstetter Yeomans		2. Date Of Birth (month) Oct (day) 3 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boise Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Eugene Walter Yeomans		7. State or Country of Father's Birth: Iowa, Mich.
MOTHER	8. Full Maiden Name of Mother: Alice B. Yeomans		9. State or Country of Mother's Birth: Boise, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clay B Yeomans	11. Present Address of Registrant: 1619 N. 6 St.
NOTARY (Seal)	Subscribed and sworn to before me on: June 12 1953	12. Signature of Notary: Stephen L. Guice	13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Passport	By whom issued and signed: Department of State United States of America	Date issued:	Date Orig. Entry: Mch 28, 1935
Class* B	Date of Birth: Oct. 3, 1912	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Micheal's Episcopal Cathedral Baptised Apr. 11, 1914	Date issued:	Date Orig. Entry:
Class A	Date of Birth: Oct. 3, 1912	Birth Place: Boise, Idaho	Full Name of Mother: Alice B. Yeomans	Name of Father: Eugene W. Yeomans
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mabel Helfer	June 12, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Color or Race | 4. Sex | 5. Place of Birth | a. County | b. City or Town of Birth
6. Full Name of Father
7. State or Country of Father's Birth
8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant
12. Signature of Notary
13. Notary Commission expires

Subscribed and sworn to before me on 19 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUBSTANTIATING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Passport	Department of State United States of America		Mch 28, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 3, 1912	Boise, Idaho		

Class* A

SUBSTANTIATING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	St. Michael's Episcopal Cathedral Baptised Apr. 11, 1914		

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 3, 1912	Boise, Idaho	Alice H. Yeomans	Eugene W. Yeomans

Class A

SUBSTANTIATING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

Class

QUALIFIED INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the above, and that

State Registrar: W. W. Henson

Evidence reviewed by: [illegible]

Date Filed: June 12, 1953

*Class A Records are those made and signed before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years O.F.

213-104.018-258

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-636
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hilmer Francis Ball	2. Date of Birth (month) Feb (day) 4 (year) 1912
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Orofino Idaho
FATHER	6. Full Name of Father: Frank Sherman Ball	7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Charlotte Jane Snyder	9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hilmer Ball; 11. Present Address of Registrant: Pierce Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 7 1953	12. Signature of Notary: S A Hawkins; 13. Notary Commission expires: April 15 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record of Births	By whom issued and signed:	Date issued:	Date Orig. Entry: Feb. 4, 1912
Class* A	Date of Birth: Feb. 4, 1912; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: Board of Education, Orofino Edith E. Crowley, Co. Supt.	Date issued: Nov. 19, 1952	Date Orig. Entry:
Class B	Date of Birth: 7 yrs old; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Albert P. Carr	Date issued: June 18, 1953	Date Orig. Entry:
Class B	Date of Birth: Feb. 4, 1912; Birth Place: , Near Orofino,	Full Name of Mother: Idaho	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	June 23, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

12/4/09, added state registrar and file date using first issue date. kmc

A F F A D A V I T

To: DEPARTMENT OF PUBLIC HEALTH

STATE OF IDAHO

Vital Statistics Section

I, the undersigned Albert P. Carr, my present age being sixty-six year, do hereby tender this affadavit attesting to the date and place of birth for:

Hilmer Francis Ball

To my personal knowledge, the above named person was born on the 4th day of Feb 1912 at or near Orofino, Clearwater County, Idaho.

Albert P Carr

On this 18th day of June 1953, personally appeared Albert P Carr, personally known to me and did execute this Affadavit in my presence.

S A Hawkins

Notary Public in and for the State of Idaho with residence at Pierce therein. My commission expires April 15, 1954.

JUL 7 - 1953

AFFIDAVIT

[redacted]

STATE OF IDAHO

[redacted]

I, the undersigned Affiant [redacted]

[redacted]

[redacted]

To My Personal [redacted]

[redacted]

[redacted]

On this [redacted]

[redacted]

[redacted]

[

944-208-075-183

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-685
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frances Louise Rudolph
2. Date Of Birth (month) (day) (year): June 8 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Nez Perce County
b. City or Town of Birth: Forest

FATHER

6. Full Name of Father: Michael L. Rudolph
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Ada Ann Aytch
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louise Wilson
11. Present Address of Registrant: 1730 Burnell Ave Lewiston Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 8, 1953
12. Signature of Notary: Helen McNichols.
13. Notary Commission expires: Aug. 29, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	State of Oregon		11-19-1945
Class* B	Date of Birth: 33 yrs old / Birth Place: Forest, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	School Record	Nez Perce County School Sup't Beryl E. Clem	census of	1920
Class B	Date of Birth: 8 yrs old / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit by	Mrs. R. W. Vallen, also,	7-2-53 6-26-53	
Class B	Date of Birth: June 8, 1912 / Birth Place: Forest, Idaho	Full Name of Mother Julia N. Reeves / Ada Ann Rudolph	Name of Father: Mike Rudolph	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Reeder	July 13, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DUP-[illegible]

Local Reg. No.

Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name of Birth

2. Date of Birth (month) (day) (year)

3. Color or Race | 4. Sex | 5. Place of Birth | 6. Birth Place

Forest

JUL 14 1953

FATHER

7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on

19

12. Signature of Notary

13. Notary Commission expires

19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: Child's birth certificate

By whom issued and signed: State of Oregon

Date Issued

Date Orig. Entry: 11-19-1945

Date of Birth: 33 yrs old

Birth Place: Forest, Idaho

Full Name of Mother

Name of Father

Class: R

SUPPORTING RECORD 2

Type of Document: School Record

By whom issued and signed: Nez Perce County School Supt. Henry E. Clem

Date Issued

Date Orig. Entry: Census of 1920

Date of Birth: 6 yrs old

Birth Place

Full Name of Mother

Name of Father

Class: B

SUPPORTING RECORD 3

Type of Document: Affidavit by

By whom issued and signed: Mrs. N. W. Vallen, also,

Date Issued: 7-4-53, 6-26-53

Date Orig. Entry

Date of Birth: June 8, 1912

Birth Place: Forest, Idaho

Full Name of Mother: Vallie M. Reavon

Name of Father: Mike Rudolph

Class: B

QUALIFIED INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Registrar: W. W. Benson

Evidence reviewed by: [signature]

Date Filed: July 13, 1953

Form DUP-[illegible]

DUP-[illegible] 1912-6741

DELAYED

295-202031-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-831
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Virginia Breeden			2. Date Of Birth (month) (day) (year): Aug. 2 1912	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Kamiah Idaho	b. City or Town of Birth: Kamiah	
FATHER	6. Full Name of Father: Russell Finis Breeden			7. State or Country of Father's Birth: Green County, Missouri	
MOTHER	8. Full Maiden Name of Mother: Susanna Johnson			9. State or Country of Mother's Birth: Genesee, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clara V. Matson	11. Present Address of Registrant: 1395 S.W. Cardinell Dr.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 27 1953		12. Signature of Notary: Mae B. Smith	13. Notary Commission expires: February 12 1955	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Voting Registration		By whom issued and signed: City of Seattle	Date Issued: 8-18-1934	Date Orig. Entry:
Class* B	Date of Birth: 22 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Marriage License		By whom issued and signed: Geo. Grant County Auditor King County, Washington	Date Issued: June 16, 1931	Date Orig. Entry:
Class B	Date of Birth: 19 yrs old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Susanna Breeden	Date Issued: July 16, 1953	Date Orig. Entry:
Class B	Date of Birth: Aug. 2, 1912	Birth Place: Kamiah, Idaho	Full Name of Mother: Susanna Breeden	Name of Father: Russell F. Breeden	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mabel Freeman	Aug. 31, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

293-107-035-293 RECEIVED SEP 14 1953 DIVISION OF VITAL STATISTICS

U. S. P. H. S.
Federal Security Agency

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No. De53-875
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Nez Perce (b) City Peck
   (c) Street address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hospital or Materity Home ..... Days
   In THIS County ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County Nez Perce
   (c) City Peck
   (d) Street address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 6 yrs.
   (f) Mother's mailing address (for registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** Peck, Idaho (City, State)

4. **FULL NAME OF CHILD** Leonard A. Bills

5. **DATE OF BIRTH** June 7, 1912 (Month, day, year)

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

FATHER OF CHILD

10. **FULL NAME** Robert John Bills
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace Illinois (City or Town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Laura Bills
17. Color or Race W
18. Age at time of THIS birth 21 yrs.
19. Birthplace Spokane (City or Town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Was a standard serological test for syphilis performed? Yes ..... No ..... Approximate date .....
23. Name prophylactic used to prevent Ophthamia Neonatorum .....
24. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
    (c) Born alive and now dead ..... (d) Stillborn .....

25. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Robert (First name) Bills (Last name), who is related to this child as Father (Mother, etc.)

27. (a) Sept. 14, 1953 (Date received) (b) W. W. Benson (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. **Attendant's OWN signature** J. M. Lyle, M.D. (D.O., Midwife, etc.)
and address Lewiston Date 9-11-53

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

SEP 15 1953

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

DELAYED

251-106-010-293

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 901
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN ELMER BEALE			2. Date of Birth (month) (day) (year): April 6, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Idaho Falls / Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: William Ira Beale			7. State or Country of Father's Birth: ~~Idaho~~ Nevada
MOTHER	8. Full Maiden Name of Mother: Ida Matilda ~~Xxxxx~~ Silfver			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Elmer Beale		11. Present Address of Registrant: 205 Second St. Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 19, 1953 19__	12. Signature of Notary: John M. Sharp		13. Notary Commission expires: Dec. 15 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. * Class* A	Type of Document: Bible record of family births		By whom issued and signed: Bible examined by John M. Sharp, Notary Public, Idaho Falls	Date Issued: 9/22/53	Date Orig. Entry: April 6, 1912
	Date of Birth: April 6, 1912	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Type of Document: School enrollment record		By whom issued and signed: School Administration Office, Class "A" Dist. #91, Clair E. Gale, Supt.	Date Issued: 9/19/53	Date Orig. Entry: Enrolled on Sept. 3, 1923
	Date of Birth: April 6, 1912	Birth Place: Idaho Falls, Ida.	Full Name of Mother	Name of Father: William I. Beale	
SUPPORTING RECORD 3. Class	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

* Bible was published in 1871 by the William W. Harding Company, Philadelphia.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 23, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF BIRTH

SEP 24 1952

1. Name of child (First, middle, last) — 2. Date of birth (Month, day, year)

3. Sex — 4. Color or race — 5. Twin, triplet or other (specify) — 6. If twin or triplet, was child born first, second, third, etc.

7. Place of birth: City or town — County — Idaho Falls

8. Usual residence of mother: City or town — County — Idaho Falls

9. Name of father — William Ira Steele

10. Maiden name of mother — Ida Matilda STEELE

11. Age of father — 12. Age of mother

13. Birthplace of father — Idaho

14. Birthplace of mother — Idaho

15. Occupation of father — Farmer

16. Occupation of mother — Housewife

17. Informant: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

18. Signature of informant

19. Address of informant — 305 Second St. Idaho Falls, Idaho

20. Attended child: Yes — 21. Date attended — Sept. 19, 1952

22. Name and address of physician or midwife certifying birth — Dr. J. Lawson

23. Date received by local registrar — Sept. 19, 1952

24. Registered number — 19

25. Signature of local registrar — M. C. Lawson

26. Date filed by State Registrar — Sept. 25, 1952

DO NOT WRITE BELOW THIS LINE

Public record of Bonneville County, Idaho, Idaho Falls

Date of birth | Birth place | Full name of mother | Full name of father | Date issued | Date Orig. Entry

9/24/52 | Idaho Falls | [illegible] | [illegible] | April 8, 1958

RECORDING & CERTIFICATION

Type of Document | By whom issued and signed | Full name of Mother | Full name of Father | Date issued | Date Orig. Entry

Certified copy issued

RECORDING & CERTIFICATION

Type of Document | By whom issued and signed | Full name of Mother | Full name of Father | Date issued | Date Orig. Entry

Certified copy issued

RECORDING & CERTIFICATION

Date of birth | Birth place | Full name of Mother | Full name of Father | Date issued | Date Orig. Entry

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MARGINALIA

* Name was changed in 1972 by Dale William [illegible], Franklin County, Pennsylvania.

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been received, which substantiates the facts as set forth in the following affidavit.

State Registrar | Evidence received by | Date filed

M. C. Lawson | [illegible] | Sept. 25, 1952

294-214-004-445

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-922
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Luetta Simmons			2. Date of Birth (month) May (day) 14 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bear Lake; Eightmile, Idaho USA	b. City or Town of Birth: Eightmile, Idaho	
FATHER	6. Full Name of Father: Lee LeRoy Simmons			7. State or Country of Father's Birth: Eightmile, Idaho	
MOTHER	8. Full Maiden Name of Mother: Ellen Ethel Munro			9. State or Country of Mother's Birth: Eightmile, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary Luetta Simmons	11. Present Address of Registrant: 1206 So. 4th Pocatello, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 1, 1953		12. Signature of Notary: D. H. Carlson	13. Notary Commission expires: June 1, 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Census Record		By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of	Date Orig. Entry: 1920
	Date of Birth: 7 yrs old	Birth Place: Idaho	Full Name of Mother: Ethel Simmons	Name of Father: Lee Simmons	
SUPPORTING RECORD 2. Class A	Type of Document: Certificate of Blessing		By whom issued and signed: L. D. S. Church	Date Issued: Blessed	Date Orig. Entry: Aug. 4, 1912
	Date of Birth: May 14, 1912	Birth Place: Eight-Mile, Idaho	Full Name of Mother: Ethel Monroe	Name of Father: Lee Simmons	
SUPPORTING RECORD 3. Class B	Type of Document: Certificate of Baptism		By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: July 31, 1920
	Date of Birth: May 14, 1912	Birth Place: Eight-Mile, Idaho	Full Name of Mother: Ellen E. Munro	Name of Father: Lee Simmons	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: Sept. 30, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR

SEP 30 1953

REGISTRANT	1. Registrant's Full Name at Birth: Mary Luetta Simmons	2. Date of Birth (month) May (day) 14 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Nightmile, Idaho USA
	6. Full Name of Father: Lee LeRoy Simmons	7. State or Country of Father's Birth: Nightmile, Idaho	
MOTHER	8. Full Maiden Name of Mother: Allen Ethel Munro	9. State or Country of Mother's Birth: Nightmile, Idaho	
AFFIDAVIT	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 1206 So. 4th Pocatello, Ida.	
NOTARY	12. Signature of Notary: [signature]	13. Notary Commission Expires: June 1, 1956	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Census Record	By whom issued and signed: Department of Commerce, Bureau of the Census	Date Issued: Census of 1920	Date Orig. Entry
	Date of Birth / Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: Lee Simmons	
SUPPORTING RECORD 2	Type of Document: Certificate of Blessing	By whom issued and signed: [illegible]	Date Issued: Aug. 4, 1912	Date Orig. Entry
	Date of Birth / Birth Place: May 14, 1912, Nightmile, Idaho	Full Name of Mother: [illegible]	Name of Father: Lee Simmons	
SUPPORTING RECORD 3	Type of Document: Certificate of Baptism	By whom issued and signed: [illegible]	Date Issued: Aug. 31, 1920	Date Orig. Entry
	Date of Birth / Birth Place: May 14, 1912, Nightmile, Idaho	Full Name of Mother: [illegible]	Name of Father: Lee Simmons	

QUALIFYING INFORMATION

REGISTRARS CERTIFICATION — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which authenticates the facts as set forth in the foregoing abstract.

Signature of Registrar	Evidence reviewed by	Date Filed
[illegible] Benson	[signature]	Sept. 30, 1953

815-219-029-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 9 1953

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1023
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Helen Hannaford
2. Date Of Birth (month) May (day) 19 (year) 1912
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County
b. City or Town of Birth: Potlatch, Idaho

FATHER

6. Full Name of Father: James George Hannaford
7. State or Country of Father's Birth: Lepsic, Putman County, Ohio

MOTHER

8. Full Maiden Name of Mother: Mary Z. Stelle
9. State or Country of Mother's Birth: Galena, Stone County, Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Helen Hannaford
11. Present Address of Registrant: P.O. Box 670, Eagle Point Oregon

NOTARY (Seal)

Subscribed and sworn to before me on November 5, 1953 19___

12. Signature of Notary: Thelma Short
13. Notary Commission expires: June 2, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Family record of Births			1912
	Date of Birth / Birth Place: Year 1912 / Potlatch, Idaho	Full Name of Mother: MZ. Hannaford	Name of Father: J. G. Hannaford	
SUPPORTING RECORD 2. Class B	Church record of Baptism	The Apostolic Faith, by R. Robert Crawford, General Overseer	2/19/51	Baptized on Aug. 15, 1947
	Date of Birth / Birth Place: May 19, 1912 Potlatch, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	School Census Record	Schools of Lake County, Oregon Anne Sprague, Supt.	11/27/50	Oct. 29, 1919
	Date of Birth / Birth Place: May 19, 1912	Full Name of Mother	Name of Father: James Jannaford	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

431-226-005-433

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 25 1953

DELAYED CERTIFICATE OF BIRTH

[redacted] OF IDAHO

Division of Vital Statistics

State File No. De53-1069
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Helen McAfee		2. Date of Birth (month) July (day) 26 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Genewah; b. City or Town of Birth: St. Maries
FATHER	6. Full Name of Father: William Ernest McAfee		7. State or Country of Father's Birth: Page County - Iowa
MOTHER	8. Full Maiden Name of Mother: Ina Amelia McLaughlin		9. State or Country of Mother's Birth: Albert Mines - Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of ~~Registrant~~ Notary: James F. Kinsolving	11. Present Address of Registrant: 3a Calle Y 5a Avenida Livoli Guatemala City, Guatemala, C.A.
NOTARY (Seal)	Subscribed and sworn to before me on: November 19, 1953	12. Signature of ~~Registrant~~: Ina A. McAfee, Mother of Registrant	13. Notary Commission expires: November 4, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Doctor's Record	By whom issued and signed: Dr. C. J. Kinsolving	Date Issued: Nov. 21, 1953	Date Orig. Entry
Class* A	Date of Birth: July 26, 1912 / Birth Place: St. Maries, Idaho	Full Name of Mother: Ina McAfee (Attendant at birth)	Name of Father: Ernest McAfee	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Ina A. McAfee	Date Issued: Nov. 18, 1953	Date Orig. Entry
Class B	Date of Birth: July 26, 1912 / Birth Place: St. Maries, Idaho	Full Name of Mother: Ina A. McAfee	Name of Father: William E. McAfee	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by:	Date Filed*
W. W. Benson	Mabel F. Leeper	Nov. 24, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

State File No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Registrar's No.

Local Registrar

Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name at Birth: Helen Mae McAfee

2. Date of Birth: July 24, 1913

Birth Registered

3. Color or Race: W
4. Sex: Female
5. Place of Birth: St. Maries
6. County: Benewah
7. Place of Birth: Page County - Iowa

FATHER

8. Full Name of Father: William Ernest McAfee
9. State or Country of Father's Birth: Alberta Mines - Canada

MOTHER

10. Full Maiden Name of Mother: Ina Amelia Melaughlin
11. State or Country of Mother's Birth: [illegible]

OATH

12. I hereby certify that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on [illegible]

13. Registrar of Vital Statistics

14. Notary Commission Expires: [illegible]

APPLICATION — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class A	Doctor's Report	[illegible]	[illegible]	[illegible]
	Date of Birth: [illegible]	Birth Place: St. Maries, [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that the above birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]

Evidence Reviewed by: [illegible]

Date Filed: [illegible]

Class A Records are those made and dated [illegible]
Class B Records are those made and dated [illegible]

918-702 1016-789

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-100
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Perrins, Kermit Ray			2. Date of Birth (month) June (day) 2 (year) 1912	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Albion, Idaho — a. County: Cassia	b. City or Town of Birth: Albion, Idaho	
FATHER	6. Full Name of Father: Samuel Perrins			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Edna Clare Phippen			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kermit Perrins		11. Present Address of Registrant: 3151 Alhambra - Martinez Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 29, 1954	12. Signature of Notary: Alice V. Keegan		13. Notary Commission expires: July 11, 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church		Date Issued: Blessed	Date Orig. Entry: Nov. 17, 1912
Class* A	Date of Birth: June 2, 1912	Birth Place: Albion, Idaho	Full Name of Mother: Edna Clare Phippen	Name of Father: Samuel Perrins	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church		Date Issued: Baptized	Date Orig. Entry: June 2, 1920
Class B	Date of Birth: June 2, 1912	Birth Place: Albion, Idaho	Full Name of Mother: Edna Phippen	Name of Father: Samuel Perrins	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:		Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. N. Benson	Evidence reviewed by: [signature]	Date Filed: Feb. 5, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Fil. No. [illegible]

Local Reg. No.

Reg. Dist. No.

JUL 5 1973

Bureau of Public Health Statistics

Boise, Idaho

REGISTRANT (person whose birth is being registered)	1. Registrant's Full Name at Birth: Perrins, Kermit Ray	2. Date of Birth (month) (day) (year): June 2 1973
	3. Color or Race: M	4. Sex: M
	5. Place of Birth (Country): Albion, Idaho — Cassia	6. Place of Birth (City or Town of Birth): Albion, Idaho
FATHER	6. Full Name of Father: Samuel Perrins	7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Edna Clare Phipps	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the [illegible] knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY	Subscribed and sworn to before me on [illegible] 1974	12. Signature of Notary: [illegible]
		13. Notary Commission expires: July 11, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: [illegible]	Date Issued: Blessed	Date Orig. Entry: Nov. 12, 1912
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
Class	June 2, 1912, Albion, Idaho	[illegible]	[illegible]	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: [illegible]	Date Issued: Baptized	Date Orig. Entry: June 2, 1920
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
Class	June 2, 1912, Albion, Idaho	[illegible]	[illegible]	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Feb. 2, 1974

[illegible] made and dated before [illegible] birthday.
[illegible] made after the [illegible]

264-12 040-442

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
FEB 10 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 112
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Bombich		2. Date Of Birth (month) Dec. (day) 21 (year) 1912	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Mullen
FATHER	6. Full Name of Father: Anton Bombich		7. State or Country of Father's Birth: Jugoslavia	
MOTHER	8. Full Maiden Name of Mother: Frances Mustovarh		9. State or Country of Mother's Birth: Jugoslavia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stanley W. Okoneu	11. Present Address of Registrant: 303½ Jackson St. Eveleth, Minn.	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 8, 1954	12. Signature of Notary: Joseph J. Bombich	13. Notary Commission expires: STANLEY W. OKONEN Notary Public, St. Louis County, Minn. My Commission Expires June 5, 1955	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal record	By whom issued and signed: St. Joseph Church, Gilbert, Minn. by Rev. Frank G. Schweiger, Pas.	Date Issued:	Date Orig. Entry: Baptized on Jan. 26, 1913
Class* A	Date of Birth: Dec. 21, 1912 / Birth Place: Idaho	Full Name of Mother: Frances Mustovarh	Name of Father: Anton Bombich	
SUPPORTING RECORD 2.	Type of Document: School Census record	By whom issued and signed: Independent School Dist. No. 18. William J. Kaczrowski, Principal	Date Issued: 1/25/54	Date Orig. Entry: Sept., 1920
Class B	Date of Birth: Dec. 21, 1912 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: United States Navy	Date Issued: July 2, 1945	Date Orig. Entry: Enlisted on Sept. 16, 1942
Class B	Date of Birth: Dec. 21, 1912 / Birth Place: Mullan, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 10, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

FEB 10 1954

STATE OF IDAHO

Division of Vital Statistics

State File No. 1864 112
Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name at Birth: Joseph [illegible]
2. Date (month) (day) (year): [illegible] 1912

Person whose birth is being registered:

3. Color or Race: White
4. Sex: [illegible]
5. Place of Birth: Idaho
6. Country: [illegible]
7. Civil or Town of Birth: Mullen

FATHER

8. Full Name of Father: Anton [illegible]
9. State or Country of Father's Birth: Yugoslavia

MOTHER

10. Full Maiden Name of Mother: Frances [illegible]
11. State or Country of Mother's Birth: Yugoslavia

FEB 10 1954

Hereby swear upon oath that the above statements are true to the best of my knowledge and belief.

Signature of Registrant: [illegible]

12. Present Address of Registrant: 303 Jackson St. Eveleth, Minn.

Subscribed and sworn to before me on [illegible]

Signature of Notary: [illegible]

13. Notary Commission expires: [illegible] 19

APPLICANT TO [illegible]

SUPPORTING RECORD A

Type of Document: Baptismal record
Date of Birth: Dec. 21, 1912
Birth Place: [illegible]
Date Issued: [illegible]
Date Orig. Entry: Baptized on Jan. 26, 1915
Full Name of Mother: Frances [illegible]
Name of Father: [illegible]

SUPPORTING RECORD B

Type of Document: School Census record
Date of Birth: Dec. 21, 1912
Birth Place: [illegible]
By whom issued and signed: Independent School Dist. No. 18, William [illegible] Kaczorowski, Principal
Date Issued: 1/25/54
Date Orig. Entry: Sept., 1920
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD C

Type of Document: Honorable [illegible]
Date of Birth: Dec. 21, 1912
Birth Place: Mullen, Idaho
By whom issued and signed: United States Navy
Date Issued: July 2, 1945
Date Orig. Entry: Enlisted on Sept. 13, 1945
Full Name of Mother: [illegible]
Name of Father: [illegible]

QUALIFYING INFORMATION

[illegible] certify that [illegible] certificate [illegible] registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in this [illegible] abstract.

State Registrar: W. [illegible]
Evidence reviewed by: Edna Hamilton
Date Filed: Feb. 10, 1954

Class A Records are those [illegible] the Registrant's fourth birthday.
Class B Records are those [illegible] fourth birthday but are at least [illegible] years old.

693220-036-595

Department of Public Health
Division of Vital Statistics
Boise, Idaho

FEB 19 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1054-141
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eleda Elmina Wilde			2. Date of Birth (month) December (day) 20, (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho — Oneida	b. City or Town of Birth: Mink Creek
FATHER	6. Full Name of Father: Lawrence Brown Wilde			7. State or Country of Father's Birth: Brigham City, Utah
MOTHER	8. Full Maiden Name of Mother: Lenore Sophia A. Nielsen			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eleda E. Wilde Forbes		11. Present Address of Registrant: 223 2nd St. Idaho Falls, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: February 18, 1954	12. Signature of Notary: George L. Jensen		13. Notary Commission expires: May 10, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: Blessed	Date Orig. Entry: Feb. 2, 1913
Class* A	Date of Birth / Birth Place: Dec. 20, 1912, Mink Creek, Idaho	Full Name of Mother: Sophia Christensen	Name of Father: Lawrence B. Wilde	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: Jan. 9, 1921
Class B	Date of Birth / Birth Place: Dec. 20, 1912, Mink Creek, Idaho	Full Name of Mother: Sophia Chrisiansen	Name of Father: Lawrence B. Wilde	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel H. Feeler	Date Filed: Feb. 19, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 6 [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

Division of Vital Statistics

REGISTRANT

(Person whose birth is being registered)

1. Registrant's Full Name at Birth: Cleda Minnie Wilde
2. Date of Birth (month) (day) (year): December 20, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Idaho
6. County: Oneida
7. City or Town of Birth: Mink Creek
8. Full Name of Father: Lawrence [illegible]
9. State or Country of Father's Birth: Brigham City, Utah
10. Full Name of Mother: Lenore Sophia A. Nielsen
11. State or Country of Mother's Birth: Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: 223 2nd St. Idaho Falls, Idaho

CERTIFICATE

Sworn and sworn to before me on [illegible] 19[illegible]

12. Signature of Notary: [signature]
13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing			

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]			

Class [illegible]

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Applicant			

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]			

Class [illegible]

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

Class [illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Steve Registrar	By whom reviewed by	Date Filed
[illegible]	[signature]	[illegible]

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FEB 29 [illegible]

STATE OF IDAHO

618-106-035-253

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 15 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 196
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas Lynn Way		2. Date Of Birth (month) (day) (year): Dec. 6 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Craigmont Nezperce; b. City or Town of Birth: Craigmont
FATHER	6. Full Name of Father: Kyle Sherman Way		7. State or Country of Father's Birth: Parkston, South Dakota
MOTHER	8. Full Maiden Name of Mother: Grace Belts		9. State or Country of Mother's Birth: Fairfield, Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas Lynn Way	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: March 11 1954	12. Signature of Notary: Paul Schemerhorn	13. Notary Commission expires: Sept 22 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for insurance	By whom issued and signed: The Equitable Life Assur. Co.	Date Issued:	Date Orig. Entry: July 26, 1940
Class* B	Date of Birth: 28 years Old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Certificate of Discharge	By whom issued and signed: Civilian Conservation Corps	Date Issued: Discharged 10/5/33	Date Orig. Entry: Enrolled on May 2, 1933
Class B	Date of Birth: 20 yrs old	Birth Place: Craigmont, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Grace I. Way	Date Issued: 2/27/54	Date Orig. Entry:
Class B	Date of Birth: Dec. 6, 1912	Birth Place: Craigmont, Idaho	Full Name of Mother: Grace Gelts	Name of Father: Kyle Sherman Way
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: March 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 1 - 1954
Division of Vital Statistics

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Craigmont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Craigmont
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Craigmont, Ida.

4. FULL NAME OF CHILD Thomas Lynn Way

5. Date of Birth of Child (Month, day, year) Dec. 6, 1912

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Kyle Sherman Way
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Parkston, South Dakota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Belts
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Fairfield Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 41 years, and that Mrs. J. W. (First name) Chapman (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X. Grace I. Way Signature
R#1 Box 130 Clarkston Wash P. O. Address

Subscribed and sworn to before me this 27 day of Feb 1954
(SEAL) Paul Schermerhorn, Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-208-037-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 18 1954
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-202
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: KITTY ALICE HUNTLEY			2. Date of Birth (month) Dec (day) 8 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: U.S.A. Owyhee	b. City or Town of Birth: HOMEDALE IDAHO
FATHER	6. Full Name of Father: George Douglas Huntley			7. State or Country of Father's Birth: COOS BAY OREGON
MOTHER	8. Full Maiden Name of Mother: Letha Alice Saunders			9. State or Country of Mother's Birth: UMATILLA OREGON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Katherine Ross		11. Present Address of Registrant: PORTLAND - OREGON 4141 S.E. Schiller ST
NOTARY (Seal)	Subscribed and sworn to before me on: February 17 1954	12. Signature of Notary: C. R. Scheuerman		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Oct. 19, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	George Douglas Huntley	Mch 12, 1954	
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 8, 1912, Homedale, Idaho			
SUPPORTING RECORD 2.	Affidavit by brother	Charles Huntley	Feb. 3, 1954	
Class B	Dec. 8, 1912, Homedale, Idaho			
SUPPORTING RECORD 3.	Order of Adoption	R. H. Leonard, Probate Judge Owyhee County, Idaho	Aug. 28, 1920	
Class B	Dec. 8, 1912		George D. Huntley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeman	Mch. 18, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 18 1954

367-210-043-793

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 23 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-332
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name: Amy Chleo Cox			2. Date of Birth (month) (day) (year): August 10 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Roseberry Valley or Van Wyck.	b. City or Town of Birth: Roseberry (Van Wyck)
FATHER	6. Full Name of Father: Ernest Cox			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Inez Gilbreth			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amy Chleo Cox Greeves		11. Present Address of Registrant: 300 W. 62nd St Seattle 7 Wash
NOTARY (Seal)	Subscribed and sworn to before me on: MAR. 13 1954	12. Signature of Notary: Edw. J. Murray		13. Notary Commission expires: Oct. 18 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record	By whom issued and signed: Benton County, Washington	Date Issued: May 22, 1929	Date Orig. Entry
Class* B	Date of Birth: 16 yrs / Birth Place: Van Wyck, Idaho	Full Name of Mother: Inez Gilbreth	Name of Father: Ernest Cox	
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: Family of Ernest Cox	Date Issued:	Date Orig. Entry: Aug. 10, 1912
Class B	Date of Birth: Aug. 10, 1912 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: American National Insurance Co.	Date Issued:	Date Orig. Entry: Aug. 20, 1934
Class B	Date of Birth: Aug. 10, 1912, Idaho / Birth Place:	Full Name of Mother: Policy #8-532-462	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Feder	Apr. 23, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 12 1954

APR 26 1954

PUBLIC LIBRARY
PUBLIC

469-216-007-817

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-382
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROSIE GLADYS MORRIS			2. Date of Birth (month) October (day) 16th (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Blaine County, Idaho. now Butte County, Idaho.	b. City or Town of Birth: Moore, Idaho.	
FATHER	6. Full Name of Father: Oscar Bird Morris.			7. State or Country of Father's Birth: Macon County, Missouri	
MOTHER	8. Full Maiden Name of Mother: Elva Lee Haggy			9. State or Country of Mother's Birth: Loeffler, Missouri.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant (Mrs.) Rosie Gladys Barry	11. Present Address of Registrant: Arco, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on July 1st 1953		12. Signature of Notary J. M. Boyer	13. Notary Commission expires May 22nd 1954	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by		By whom issued and signed: Olga N Waite	Date Issued: July 2, 1953	Date Orig. Entry
Class* B	Date of Birth: Oct. 16, 1912	Birth Place: Moore, Idaho	Full Name of Mother: Elva Lee Haggy	Name of Father: Oscar Bird Morris	
SUPPORTING RECORD 2.	Type of Document: Affidavit by		By whom issued and signed: Lucinda Morris	Date Issued: July 2, 1953	Date Orig. Entry
Class B	Date of Birth: Oct. 16, 1912	Birth Place: Moore, Idaho	Full Name of Mother: Elva Lee Haggy	Name of Father: Oscar Bird Morris	
SUPPORTING RECORD 3.	Type of Document: Census Record		By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: census of	Date Orig. Entry: 1920
Class B	Date of Birth: 7 yrs old	Birth Place: Idaho	Full Name of Mother: Elva L. Morris	Name of Father: Oscar B. Morris	

QUALIFYING INFORMATION: Two Affidavits attached hereto.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mabel Fleeger	May 11, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 12 1954

Two Affidavits attached hereto.

A F F I D A V I T.

STATE OF IDAHO)
) SS
COUNTY OF BUTTE)

KNOW ALL MEN BY THESE PRESENTS:

THAT on this the 2nd day of July, 1953, personally appeared before me the undersigned, a Notary Public, in and for the State of Idaho. Lucinda Morris, who after first being duly sworn deposes and says:

Affiant is the sister-in-law of Oscar Bird Morris and has known the family at all times during their marriage. That Rosie Gladys Morris was born on farm south and east of Moore, Idaho, On or about 16th October, 1912, being the daughter of Oscar Bird Morris and Elva Lee Haggy, Morris. Affiant and her family were neighbors for many years living in the Lost River Valley formerly in Blaine County, Idaho, now being in Butte County, Idaho. That the post office address for that part of Lost River Valley has been Moore, Idaho at all times so far as affiant is able to state.

Lucinda C. Morris

Subscribed and sworn to before me at Arco, Idaho, the day and year in this instrument last above written.

Notary Public for the State of Idaho.
Residing at Arco, Butte County, Idaho.

Comm. Expires 23rd May, 1954.

A F F I D A V I T.

STATE OF IDAHO)
) SS
COUNTY OF BUTTE)

KNOW ALL MEN BY THESE PRESENTS:

THAT on this the 2nd day of July, 1953, personally appeared before me the undersigned, a Notary Public, in and for the State of Idaho. [illegible]

Affiant is the sister-in-law of Oscar Bird Morris and [illegible] the family at all times during their marriage. That Rosie Gladys Morris was born on farm south and east of Moore, Idaho, On or about 16th October, 1912, being the daughter of Oscar Bird Morris and Elva Lee Haggy, Morris. Affiant and her family were neighbors for many years living in the Lost River Valley formerly in Blaine County, Idaho, now being in Butte County, Idaho. That the post [illegible] for that part of Lost River [illegible] at all times so far as affiant is able to state.

[signature]

Subscribed and sworn to before me at Arco, Idaho, the day and year [illegible]

[signature]

Notary Public for the State of Idaho.
Residing at Arco, Butte County, Idaho.

Com. Expires 23rd May, 1954.

SUPPORTING AFFIDAVIT

State of Missouri }
County of Sullivan } ss.

I, Edna Lee (Haggy) Morris, of lawful age, being first duly sworn, depose and say that I am 64 years of age; that I am well acquainted with Rosie Gladys Morris Barry (Name of registrant) and have known her for more than 41 years last past; that, at the time I first knew her she was Infant years of age. I verily believe, and know that she was born in Moore, Butte Co., Idaho (City or town and state) on Oct 16 - 1913 (Month, day, year)

I have a clear recollection as to the date and place of her birth because (state some fact or incident that enables you to recall the birth date and birthplace) I am her mother and she was born alive to me at our farm home near Moore, Butte County, Idaho in a log cabin on the above date

Edna Lee (Haggy) Morris
(Signature of affiant)

Mother
(Relationship to registrant)

(Street and number)

(City and state)

Subscribed and sworn to before me this 21 day of October, 1953

My commission expires January-22-1955 C E Bailey
Notary Public.

RESIDENCE AFFIDAVIT

(To be executed ONLY if registrant resides in Missouri and was born in another state. See Item 10 of instructions.)

State of }
County of } ss.

I, ..., being first duly sworn, depose and say that I am the person whose birth is being registered, that I reside in Missouri, that I was NOT born in Missouri, and that my birth is NOT recorded in any other state, particularly in the state of my birth. Signature .....

Subscribed and sworn to before me this ..... day of ....., 19.....

My commission expires ....
Notary Public

THE DIVISION OF HEALTH OF MISSOURI

Bureau of Vital Statistics
JEFFERSON CITY, MO.

APPLICATION TO RECORD A BIRTH AFTER TWELFTH BIRTHDAY

This form is sent in response to a request for a certified copy of a birth certificate when no record can be found. SEE COMPLETE INSTRUCTIONS ON PAGE 3

Only persons who are now 12 years of age or older will use this form. The Missouri Bureau of Vital Statistics was established in 1910. Delayed registration of persons born prior to 1910 was begun in 1931, and then only by request. The form below requires two affidavits AND at least one Class A document or two Class B documents. Documents must accompany the application. See instructions.

No filing fee. A certified copy of this certificate, or any part of it, is 50c. Make remittance by money order payable to Director of Health, Jefferson City, Missouri. Other forms of remittance at sender's risk.

Use only permanent BLACK ink or ribbon on this form. Avoid erasures. Print or typewrite everything except signatures.

Where should certified copy be mailed? Print below, name and address.

Name.....

Address.....

THE DIVISION OF HEALTH OF MISSOURI
Bureau of Vital Statistics

DELAYED OR SPECIAL CERTIFICATE OF BIRTH No.

Print Full Name at birth.....

Date of birth.....
(Month) (Day) (Year)

Color or race.....Sex.....Birthplace.....
(City or Town) (County) (State)

Father: Full name.....Birthplace.....
(State or Country)

Mother: Maiden name.....Birthplace.....
(State or Country)

AFFIDAVIT: I hereby declare upon oath that the above statements are true. (To be signed by registrant, if possible.)

Signature.....Relationship to registrant.....

Address.....Subscribed and sworn to before me on.....19.....

Notary Public.....For State of.....County of.....

My commission expires.....19.....

DO NOT WRITE IN THIS SPACE

Do Not Write Below This Line — **ABSTRACT OF SUPPORTING EVIDENCE** — Do Not Write Below This Line

	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND SIGNED, AND DATE OF ISSUE)	Date Original Document Was Made
1		
2		
3		
4		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT

	BIRTH DATE OR AGE	BIRTHPLACE	NAME OF FATHER	FULL NAME OF MOTHER
1				
2				
3				
4				

REVIEWER'S STATEMENT AND SIGNATURE

I hereby certify that I have reviewed the evidence submitted in support of the above affidavit and that the preceding abstract is taken from this evidence.

Bureau of Vital Statistics

FILED in the Division of Health, Jefferson City, Missouri, on

653-106-001-366

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-408
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES ARVIEN WILSON		2. Date of Birth (month) (day) (year): MARCH 6 1912
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: BOISE, IDA. ADA; b. City or Town of Birth: BOISE
FATHER	6. Full Name of Father: WILLIAM RAY WILSON		7. State or Country of Father's Birth: IOWA.
MOTHER	8. Full Maiden Name of Mother: ALTA ELOUISE COONRAD		9. State or Country of Mother's Birth: COLORADO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles A Wilson	11. Present Address of Registrant: 34TH TRP. CARR. SQ BX 34 APO 963 S.F. CAL.
NOTARY (Seal)	Subscribed and sworn to before me on: 5 MAY 1954	12. Signature of Notary: Capt USAF Lee L Lennyon	13. Notary Commission expires: I am a Judge Advocate in U.S. A.F. FORCE act of 6 May 1950 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible Record	By whom issued and signed: Mother		Date Issued:	Date Orig. Entry: March 12, 1912
	Date of Birth: 3/6/1912	Birth Place:	Full Name of Mother: Alta Eloise Wilson	Name of Father: William Ray Wilson	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit	By whom issued and signed: Mrs. Alta Farnham, mother		Date Issued: 5/20/1954	Date Orig. Entry:
	Date of Birth: 3/6/1912	Birth Place: Boise, Idaho	Full Name of Mother: Alta Eloise Coonrad	Name of Father: William Ray Wilson	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:		Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Opal Peterson	May 20, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DUP OF 1912-4714

Boise Ida

May 20th

I, Alta Farnham am the mother of my Son Charles Arvien Wilson, who was born March 6th 1912 at Boise.

Fathers Name Wm Ray Wilson

Maiden Name Alta Eloise Coonrad

Mrs Alta Farnham

Subscribed and sworn to before me this 20th day of May, 1954.

.....

Notary Public, Ada County
State of Idaho

MAY 20 1954

DELAYED

Subscribed and sworn to before me this 11th day of May, 1914.

.....
Notary Public, Ada County
State of Idaho

386-20-7044 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUN 22 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-529
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irene Erma Thornton
2. Date of Birth (month) (day) (year): September 7 1912
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Washington
b. City or Town of Birth: Midvale, Idaho

FATHER

6. Full Name of Father: Gilbert Thornton
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Minnie Schwabauer
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irene Erma Carpenter
11. Present Address of Registrant: Emmett, Idaho Route 2

NOTARY (Seal)

Subscribed and sworn to before me on: June 21 1954
12. Signature of Notary: Boise G. Rigg
13. Notary Commission expires: 4/24 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage Record	County Clerk & Recorder Payette County, Idaho	May 1937	
Class* B	Date of Birth / Birth Place: 24 yrs old	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Application for Insurance	Beneficial Protective Assoc.	7-22-39	
Class B	Date of Birth / Birth Place: Sept. 7, 1912, Midvale, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit by father	Gilbert Thornton	June 18, 1954	
Class B	Date of Birth / Birth Place: Sept. 7, 1912, Midvale, Idaho	Full Name of Mother: Minnie Schwabauer	Name of Father: Gilbert Thornton	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	June 24, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Bureau of Vital Statistics

STATE OF IDAHO

Date Filed: JUN 22 1954

Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Sex
4. Place of Birth
5. County
6. City or Town of Birth

FATHER

7. Name of Father
8. State or Country of Father's Birth

MOTHER

9. Name of Mother
10. State or Country of Mother's Birth

AFFIDAVIT

Every declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant

NOTARY CERTIFICATE

Subscribed and sworn to before me on

12. Signature of Notary
13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Marriage Record
By whom issued and signed: County Clerk & Recorder, Payette County, Idaho
Date Issued: May 1937
Date Orig. Entry:
Date of Birth: Birth Place
Full Name of Mother
Name of Father
Class: B

SUPPORTING RECORD 2.

Type of Document: Application for Insurance
By whom issued and signed: Beneficial Protective Assoc.
Date Issued: 7-22-39
Date Orig. Entry:
Date of Birth: Birth Place
Full Name of Mother
Name of Father
Class: B

Sept. 7, 1912, Midvale, Idaho

SUPPORTING RECORD 3.

Type of Document: [illegible]
By whom issued and signed: Gilbert Thornton
Date Issued: June 18, 1954
Date Orig. Entry:
Date of Birth: Birth Place
Full Name of Mother
Name of Father
Class: B

Sept. 7, 1912, Midvale, Idaho
Marvin Schwabauer
Gilbert Thornton

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar: J. W. Benson
Evidence Reviewed by
Date Filed: June 24, 1954

Form [illegible]

141-218-021-666

RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUN 21 1954

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-534
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Reta June Adams			2. Date Of Birth (month) June (day) 18 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Riverdale Idaho a. County: Franklin	b. City or Town of Birth: Riverdale, Idaho.	
FATHER	6. Full Name of Father: Job Adams			7. State or Country of Father's Birth: Harrisville Utah	
MOTHER	8. Full Maiden Name of Mother: Amanda Woolf			9. State or Country of Mother's Birth: Hyde Park Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Reta June Adams Blair	11. Present Address of Registrant: Box 132. Lind, Ward	
NOTARY (Seal)	Subscribed and sworn to before me on: June 16th 1954		12. Signature of Notary: Milo Adams	13. Notary Commission expires: 1/23 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Group Record	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: June 18, 1920
Class* B	Date of Birth / Birth Place: June 18, 1912, Riverdale, Idaho	Full Name of Mother: Amanda Woolf	Name of Father: Job Adams	
SUPPORTING RECORD 2.	Type of Document: Ancestors and Decendants Record Family	By whom issued and signed:	Date Issued: Nov. 1929	Date Orig. Entry: family record of 1912
Class A	Date of Birth / Birth Place: June 18, 1912, Riverdale, Idaho	Full Name of Mother: Amanda Woolf	Name of Father: Job Adams	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fields	Date Filed: June 28, 1954	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED CERTIFICATE OF BIRTH

JUN 21

OCT 31 1972

JUN 28 1954

OCT 04 2006

REGISTRANT (Person whose)	1. Registrant's Name	2. Date of Birth	
	3. Color or Race	4. Sex	5. Place of Birth
	6. Full Name of Father	7. State or Country of Father's Birth	
	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Group Record	By whom issued and signed: [illegible]	Date Issued: Mantizen	Date Orig. Entry: June 16, 1920
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	[illegible] 18, [illegible], Riverdale, Idaho	Amanda Woolf	[illegible]	
SUPPORTING RECORD	Type of Document: Ancestors and Dependents Record	By whom issued and signed: Family	Date Issued: Nov. 1920	Date Orig. Entry: Family Record
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	June 18, [illegible], Riverdale, Idaho	Amanda Woolf	Job Adams	
SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				
QUALIFYING INFORMATION				

CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar: [illegible] W. Hanson	Evidence reviewed by	Date Filed: June 28, 1954

Use A Records are those made and dated before the registrant's fourth birthday.
Use C Records are those made after the fourth birthday but are at least 5 years old.

231-204-042-73

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 2 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 562
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant Betty Bird Stafford			2. Date of Birth (month) November (day) 4, (year) 1912
	3. Color or Race: White	4. Sex: female	5. Place of Birth: Idaho a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Don Gladstone Stafford			7. State or Country of Father's Birth: Smithcenter, Kansas
MOTHER	8. Full Maiden Name of Mother: Elsie May Glandon			9. State or Country of Mother's Birth: Denver, Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Betty Stafford Evans		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: June 30 1954	12. Signature of Notary: Helen Palmquist		13. Notary Commission expires: March 1 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Family Record	By whom issued and signed: Family	Date Issued: Nov. 4, 1912	Date Orig. Entry
	Date of Birth: Nov. 4, 1912	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2. Class B	Type of Document: Child's Birth Certificate / No. 304190	By whom issued and signed: Bureau of Vital Statistics State of Idaho	Date Issued: 12-8-40	Date Orig. Entry
	Date of Birth: 28 years	Birth Place: of age 11-13- Twin Falls 40	Full Name of Mother: Betty Bird	Name of Father: Keith Alden Evans
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Don Stafford	Date Issued: 6-30-54	Date Orig. Entry
	Date of Birth: November 4, 1912	Birth Place: Twin Falls	Full Name of Mother: Elsie Glandon Stafford	Name of Father: Don Stafford
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	July 2, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
STATE OF IDAHO

State File No. Dash 562
Local Reg. No.
Reg. Dist. No.

REGISTRAR	1. Registrar's Name of Birth: [illegible]	2. Date of Birth (month) (day) (year): November 4, 1912
Person Birth Registrar	3. Color or Race: White	4. Place of Birth (Country): Idaho, Twin Falls
	5. Place of Birth (Country): Idaho, Twin Falls	6. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Don Stafford	7. State or Country of Father's Birth: Smithsonian, Mass.
	8. Full Maiden Name of Mother: Lisle Ray Olandon	9. State or Country of Mother's Birth: Denver, Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant:	
NOTARY (Seal)	Sworn and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]
	13. Notary Commission expires: [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: Family	Date Issued: Nov. 4, 1912	Date Orig. Entry:
	Date of Birth / Birth Place: Nov. 4, 1912	Full Name of Mother:	Name of Father:	
Class A				
SUPPORTING RECORD 2.	Type of Document: Child's Birth Certificate No. 30190	By whom issued and signed: Bureau of Vital Statistics, State of Idaho	Date Issued: 12-6-40	Date Orig. Entry:
	Date of Birth / Birth Place: 28 years of age 11-13-40, Twin Falls	Full Name of Mother:	Name of Father: [illegible]	
Class B				
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Don Stafford	Date Issued: 6-20-54	Date Orig. Entry:
	Date of Birth / Birth Place: November 4, 1912, Twin Falls	Full Name of Mother: Lisle Olandon Stafford	Name of Father: Don Stafford	
Class B				
QUALIFYING INFORMATION				

DECEASED

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible] Hamilton	July 2, 19[illegible]

*Class A Records are those made and [illegible] the Registrant's fourth birthday.
Class B Records are those made [illegible] but [illegible] at least 5 years.

39-207037-755

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Del-51-567
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mina Irene Craig		2. Date of Birth (month) (day) (year): October 7, 1912
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Idaho Owyhee; b. City or Town of Birth: Bruneau
FATHER	6. Full Name of Father: George Kern Craig		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Hattie Elizabeth Pennington		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mina Irene Craig	11. Present Address of Registrant: 370 N. E. 108th
NOTARY (Seal)	Subscribed and sworn to before me on: April 30th, 1953	12. Signature of Notary: [signature]	13. Notary Commission expires: March 19, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible viewed by Stella E. Hoover Recorder of Conveyances	Date Issued:	Date Orig. Entry: Oct. 7, 1912
Class* A	Date of Birth: Oct. 7, 1912	Birth Place:	Full Name of Mother: Hattie Elizabeth Craig	Name of Father: George Kern Craig
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Hattie Elizabeth Evans	Date Issued: June 23, 1954	Date Orig. Entry:
Class B	Date of Birth: Oct. 7, 1912	Birth Place: Bruneau, Idaho	Full Name of Mother: Hattie Elizabeth Pennington	Name of Father: George Kern Craig
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: July 6, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

JAN 31 1973

REGISTRANT	1. Registrant's Full Name at Birth: Mina Irene Craig	2. Date of Birth: Month October, Day 7, Year 1912
(Person whose Birth is being Registered)	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Idaho; 6. County: Owyhee	7. City or Town of Birth: Bruneau
FATHER	8. Full Name of Father: George Kern Craig	9. State or Country of Father's Birth: Missouri
MOTHER	10. Full Maiden Name of Mother: Hattie Elizabeth Pennington	11. State or Country of Mother's Birth: Kansas
A. DAY	12. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	13. Signature of Registrant: [illegible]
	14. Present Address of Registrant: 370 N. E. 108th	
Notary (Seal)	15. Subscribed and sworn to before me on: [illegible] 19 53	16. Signature of Notary: [illegible]
	17. Notary Commission expires: [illegible] 19 55	

APPLICATION TO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Bible Record	By whom issued and signed: Family Bible Vessel by Recorder of Conveyances	Date Issued:	Date Orig. Entry: Oct. 7, 1912
Class A	Date of Birth: Oct. 7, 1912	Birth Place:	Full Name of Mother: Hattie Elizabeth Craig	Name of Father: George Kern Craig
SUPPORTING RECORD 2	Type of Document: Affidavit by mother	By whom issued and signed: Hattie Elizabeth Evans	Date Issued: June 23, 1951	
Class B	Date of Birth: Oct. 7, 1912	Birth Place: Bruneau, Idaho	Full Name of Mother: Hattie Elizabeth Pennington	Name of Father: George Kern Craig
SUPPORTING RECORD 3	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Henson	[illegible]	July 6, 1954

Class A Records are those made and dated before the [illegible] Birthday.
Class B Records are those made after the [illegible] but are at least 5 years old.

Form [illegible]

622-114.042-237

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUL 6 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Joseph Warren Osborne Feb 14

State File No. De54-574
Local Reg. No.
Reg. Dist. No. 1962

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Warren Osborne	2. Date of Birth (month) (day) (year): Feb. 14, 1912
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Twinfalls Idaho Twinfalls County	b. City or Town of Birth: Cannonville Utah
FATHER	6. Full Name of Father: Joseph Oliver Osborne	7. State or Country of Father's Birth: July 24 1884
MOTHER	8. Full Maiden Name of Mother: Mary Isabelle Stanger	9. State or Country of Mother's Birth: Ogden Utah Aug. 28, 1885
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Warren Osborne; 11. Present Address of Registrant: 3980 Carnes at Yreka Ave
NOTARY (Seal)	Subscribed and sworn to before me on: July 3 1954	12. Signature of Notary: Olen B Bain Jr; 13. Notary Commission expires: My Commission Expires Oct. 23, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Group Record	By whom issued and signed: Family	Date issued:	Date Orig. Entry: Feb. 14, 1912
Class* B	Date of Birth / Birth Place: Feb. 14, 1912, Twin Falls, Idaho	Full Name of Mother: Mary Isabelle Stanger	Name of Father: Joseph Oliver Osborn	
SUPPORTING RECORD 2.	Type of Document: Marriage Return	By whom issued and signed: State of Oregon County of Crook	Date issued: Jan. 9, 1934	Date Orig. Entry:
Class B	Date of Birth / Birth Place: 21 yrs old Twin Falls, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School R cord	By whom issued and signed: Cassia County Schools	Date issued: 1927	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Feb. 14, 1912 Twin Falls	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F Eeder	July 6, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. [illegible]

Registrar's Reg. No. [illegible]

Division of Vital Statistics

Boise, Idaho

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name of Birth: Joseph Warren Osborne
2. Date of Birth: Feb. 14, 1912
3. Sex: [illegible]
4. Color: [illegible]
5. Place of Birth: [illegible]
6. Date of Birth: [illegible]
7. Place of Birth: [illegible]
8. Date of Birth: [illegible]
9. Place of Birth: [illegible]

FATHER

1. Full Name of Father: [illegible]
2. State or Country of Father's Birth: [illegible]

MOTHER

3. Full Name of Mother: [illegible]
4. State or Country of Mother's Birth: [illegible]

CERTIFICATE

I hereby declare upon oath that the above [illegible] is true to the best [illegible] and belief.

Subscribed and sworn to before me on [illegible]

Signature of Registrant: [illegible]

Signature of Notary: [illegible]

Present Address of Registrant: [illegible]

Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: Family Group Record

By whom issued and signed: Family

Date Issued: [illegible]

Date Orig. Entry: Feb. 14, 1912

Date of Birth | Birth Place: [illegible]

Full Name of Mother: [illegible]

Name of Father: Joseph [illegible]

Class B

SUPPORTING RECORD 2

Type of Document: Marriage Return

By whom issued and signed: State of Oregon, County of Crook

Date Issued: Jan. 9, 1934

Date of Birth | Birth Place: 21 yrs old Twin Falls, Idaho

Full Name of Mother:

Name of Father:

Class B

SUPPORTING RECORD 3

Type of Document: School Record

By whom issued and signed: Gaesia County Schools

Date Issued: 1927

Date Orig. Entry:

Date of Birth | Birth Place: Feb. 14, 1912 Twin Falls

Full Name of Mother:

Name of Father:

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Hansen

Evidence reviewed by: [illegible]

Date Filed: July 5, 1-54

Class A Records are those made and dated before the [illegible]

Class B Records are those made after the fourth birthday [illegible]

Form [illegible]

713-21-7032 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUN 17 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 664
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Imogene Pearl Gallimore		2. Date of Birth (month) Dec. (day) 17 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Gooding
FATHER	6. Full Name of Father: James Edgar Gallimore		7. State or Country of Father's Birth: Virginia	
MOTHER	8. Full Maiden Name of Mother: Mary Roberta Cox		9. State or Country of Mother's Birth: Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Imogene Pearl Mullins	11. Present Address of Registrant: 948 Sandercock St. San Luis Obispo, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 19 54	12. Signature of Notary: Elizabeth [illegible]	13. Notary Commission expires: Nov. 20 19 56	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Father	By whom issued and signed: James E. Gallimore	Date Issued: June 9, 1954	Date Orig. Entry
	Date of Birth: Dec. 17, 1912	Birth Place: Gooding, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2. Class B	Type of Document: Hospital record of Child's birth Certificate	By whom issued and signed: Bluefield Sanitarium Bluefield, West Virginia	Date Issued: 3/11/48	Date Orig. Entry: Child born on Mar. 11, 1948
	Date of Birth: Dec. 17, 1912	Birth Place: Gooding, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3. Class B	Type of Document: 236-32-0848 Application for Social Security	By whom issued and signed	Date Issued	Date Orig. Entry: Aug. 12, 1942
	Date of Birth: Dec. 17, 1912	Birth Place: Acct. No. Gooding, Idaho	Full Name of Mother: Mary Roberta Cox	Name of Father: James Edgar Gallimore
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 10, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Registrar's Office
Registrar's Office

AUG 23 1954

Person whose birth is being registered	1. Name of Birth: Imogene Pearl Gallimore	2. Date of Birth (month) Dec. 17 (day) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Lincoln
	6. Place of Birth: Gooding		
FATHER	7. Full Name of Father: James Edgar Gallimore	8. State or Country of Father's Birth: Virginia	
MOTHER	9. Full Maiden Name of Mother: Mary Roberta Cox	10. State or Country of Mother's Birth: Virginia	
AFFIDAVIT	I hereby declare I am both that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant	11. Present Address of Registrant: 948 Sandercock St. San Luis Obispo, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on June 9 19 54	12. Signature of Notary	13. Notary Commission expires Nov. 20 19 56

APPLICANT — DO NOT WRITE IN THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Father	By whom issued and signed: James E. Gallimore	Date Issued: June 9, 1954	Date Orig. Entry
	Date of Birth / Birth Place: Dec. 17, [illegible]	Full Name of Mother	Name of Father	
Class B				
SUPPORTING RECORD 2	Type of Document: Baptist's birth certificate	By whom issued and signed: [illegible] West Virginia	Date Issued: [illegible]	Date Orig. Entry: Nov. 11, 1946
	Date of Birth / Birth Place: Dec. 17, 1912 Gooding, Idaho	Full Name of Mother	Name of Father	
Class B				
SUPPORTING RECORD 3	Type of Document: 23F-32-0048 Application for Social Security	By whom issued and signed	Date Issued	Date Orig. Entry: Aug. 12, 1942
	Date of Birth / Birth Place: Dec. 17, 1912 Gooding, Idaho	Full Name of Mother: [illegible]	Name of Father: James [illegible]	
Class B				

QUALIFYING INFORMATION

DELAYED

CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Name of Registrar	Evidence reviewed by	Date Filed
W. [illegible] Sanson	Edna Hamilton	Aug. 10, 1954

Dup of 1912 23704

Class [illegible] are those made and [illegible] the registrant's [illegible]
Class [illegible] are those made after the fourth birthday but [illegible] least [illegible]

842 811-26-514

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible] 788
Local Reg. No.
Reg. Dist. No.

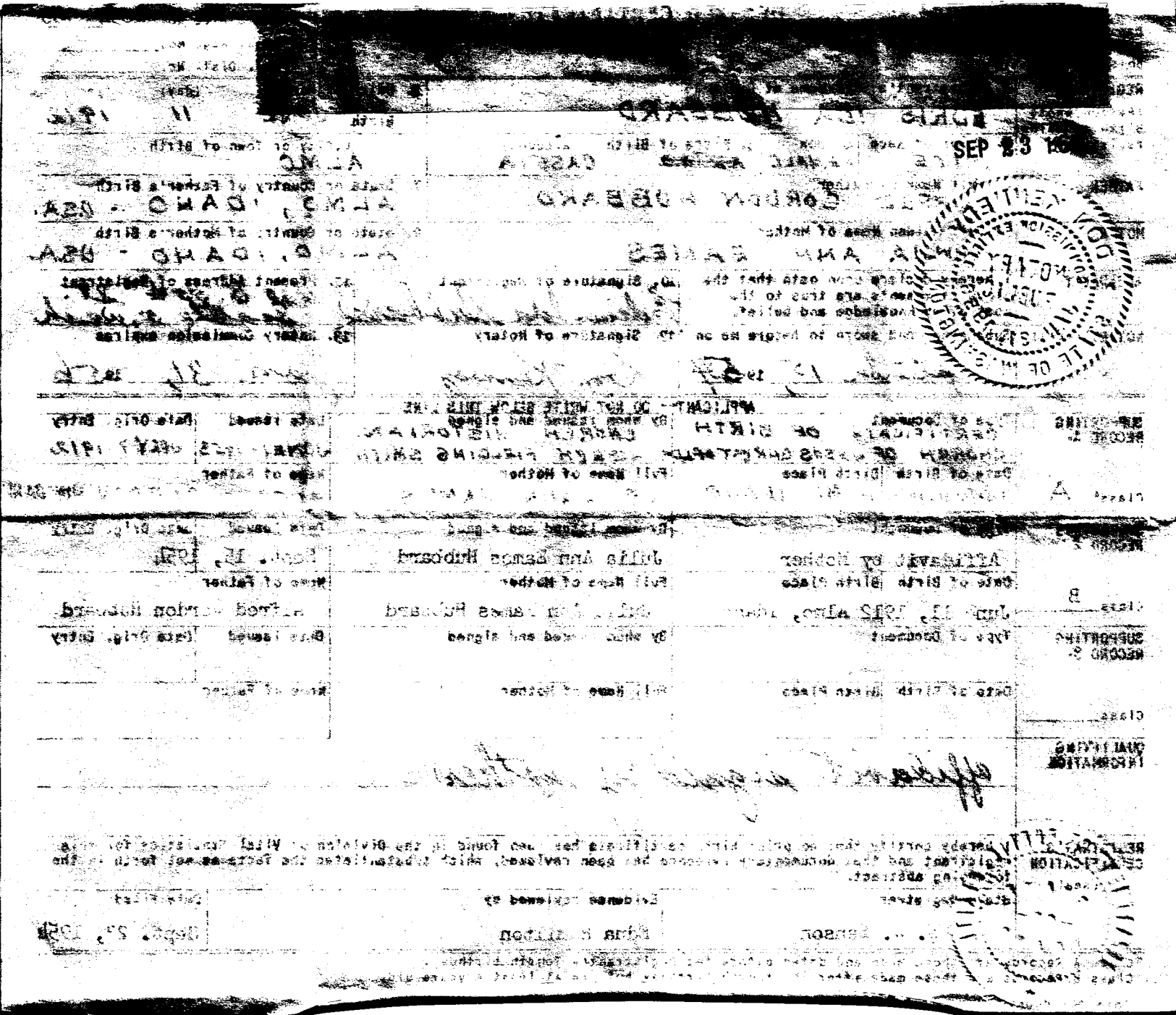
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDRIS IDA HUBBARD			2. Date Of Birth: (month) JUNE (day) 11 (year) 1912
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth: a. County: CASSIA	b. City or Town of Birth: ALMO
FATHER	6. Full Name of Father: ALFRED CORDON HUBBARD			7. State or Country of Father's Birth: ALMO, IDAHO - U.S.A.
MOTHER	8. Full Maiden Name of Mother: JULIA ANN EAMES			9. State or Country of Mother's Birth: ALMO, IDAHO - U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edris Ida Hubbard		11. Present Address of Registrant: 638 E. 55th St. Seattle 5, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: September 15, 1954	12. Signature of Notary: Don Kennedy		13. Notary Commission expires: Jan. 31, 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: CERTIFICATE OF BIRTH CHURCH OF JESUS CHRIST OF L.D.S.	By whom issued and signed: CHURCH HISTORIAN. JOSEPH FIELDING SMITH	Date Issued: JUNE 1 - 1953	Date Orig. Entry: JULY 7 1912
Class* A	Date of Birth: JUNE 11-1912 / Birth Place: ALMO, IDAHO	Full Name of Mother: JULIA ANN EAMES	Name of Father: ALFRED CORDON HUBBARD	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Julia Ann Eames Hubbard	Date Issued: Sept. 15, 1954	Date Orig. Entry:
Class B	Date of Birth: June 11, 1912 / Birth Place: Almo, Idaho	Full Name of Mother: Julia Ann Eames Hubbard	Name of Father: Alfred Cordon Hubbard	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION	affidavit signed by mother -			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Sept. 23, 1954	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



214-225-022-412

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-881
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lillian Sadorus
2. Date Of Birth (month) (day) (year): September 25 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho — Fremont
b. City or Town of Birth: Sarilda

FATHER

6. Full Name of Father: Jesse Ray Sadorus
7. State or Country of Father's Birth: Hot Springs, Utah

MOTHER

8. Full Maiden Name of Mother: Fanny Rachel Mason
9. State or Country of Mother's Birth: St. Anthony, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillian Sadorus Massey
11. Present Address of Registrant: Glenns Ferry Ida R 924

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 3 1954
12. Signature of Notary: Mabel Keeler
13. Notary Commission expires: May 1 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Certificate of Blessing	L.D.S. Church, Salt Lake City Ella D. Jack, Custodian, Records	9-10-53	2-12-1913
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sep 25 1912 Sarilda, Idaho	Fannie Mason	Ray Sadorus	
SUPPORTING RECORD 2. Class B	Certificate of Baptism	L.D.S. Church J. F. Wardle, Bishop	Aug 4 1929	Sept 28, 1920
	Sept 25 1912 Sarilda, Idaho	Rachel Mason	Jesse Ray Sadorus	
SUPPORTING RECORD 3. Class B	School Census Records	Fremont County E. O. Rich, Clerk of Board	Sept 15 1953	1928
	15 yrs old			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Pat Shields	Nov. 3, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. DeC4-861

Local Reg. No.

Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 3 1954

Department of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: Lillian [illegible]	2. Date of Birth (month) (day) (year): September 25 [illegible]	
	3. Color or Race: [illegible]	4. Sex: [illegible]	5. Place of Birth: Idaho County: [illegible]	6. City or Town of Birth: Sarida
FATHER	7. Full Name of Father: [illegible]	8. Place of Birth: [illegible]	9. Place or Country of Father's Birth: Mt Sorines, Utah
MOTHER	10. Full Maiden Name of Mother: [illegible] Ray Rachel [illegible]	11. Place of Birth: [illegible]	12. State or Country of Mother's Birth: [illegible] Anthony, Idaho
AFFIDAVIT	13. Hereby declare upon oath that the above statements are true to the [illegible] of my knowledge and belief	14. Signature of Registrant	15. Present Address of Registrant
NOTARY (Seal)	16. Subscribed and sworn to before me on [illegible]	17. Signature of Notary	18. Notary Commission Expires [illegible]

APPLICATION TO NOTARIZE BELOW DISCLOSURE

SUPPORTING RECORD 1	Type of Document: Certificate of Blessing	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
Class A				
SUPPORTING RECORD 2	Type of Document: Certificate of Baptism	By whom issued and signed: [illegible]	Date Issued: Aug 4 1929	Date Orig. Entry: Sept 28, 1920
	Date of Birth: Sept 25 1912	Full Name of Mother: [illegible]	Name of Father: Jesse Ray [illegible]	
Class B				
SUPPORTING RECORD 3	Type of Document: Special Census Records	By whom issued and signed: [illegible]	Date Issued: Sept 15 1953	Date Orig. Entry: 1928
	Date of Birth: 15 yrs old	Full Name of Mother:	Name of Father:	
Class D				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] Benson	[illegible]	[illegible]

Class A: Hereby are those made and dated before the registrant's fourth birthday.
Class B: Hereby are those made after the fourth birthday and are [illegible]

847209-040-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-896
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Gertrude Hughes			2. Date of Birth (month) (day) (year): February 9 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Burke, Idaho a. County: Shoshone	b. City or Town of Birth: Burke, Idaho
FATHER	6. Full Name of Father: Charles Morgan Hughes			7. State or Country of Father's Birth: U. S. A.
MOTHER	8. Full Maiden Name of Mother: Anna Marie Petersen			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian Hughes Blackwell		11. Present Address of Registrant: 508 Main Street Kellogg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 18 19 54	12. Signature of Notary: Christine Brown		13. Notary Commission expires: February 5 19 57

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit of Mother	By whom issued and signed: Anna Hughes Bannon	Date Issued: Feb. 18, 1954	Date Orig. Entry
Class* B	Date of Birth: Feb. 9, 1912 / Birth Place: Burke, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: School enrollment record	By whom issued and signed: Wardner-Kellogg Public Schools Keskue Karsebm Principal	Date Issued: 10/20/54	Date Orig. Entry
Class B	Date of Birth: Feb. 9, 1912 / Birth Place: Burke, Idaho	Full Name of Mother: Anna Hughes	Name of Father: Charles Hughes	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Mervin E. Hughes	Date Issued: Feb. 18,	Date Orig. Entry: 1954
Class B	Date of Birth: Feb. 9, 1912, Burke, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Reeder		Date Filed: Nov. 8, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DELAYED

Dup c2 1912-5181

291-125-1028-459

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-54 974
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELMER FRANCIS BRASHEAR	2. Date of Birth (month) (day) (year): DEC. 25 1912
	3. Color or Race: WHITE; 4. Sex: MALE; 5. Place of Birth a. County: KOOTENAI	b. City or Town of Birth: POST FALLS
FATHER	6. Full Name of Father: WILLIAM F. BRASHEAR	7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: MATILDA C. MEISSNER	9. State or Country of Mother's Birth: ~~WISCONSIN~~ MICHIGAN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer Francis Brashear
		11. Present Address of Registrant: 8019-18 76th W. Seattle 9, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 11, 1954	12. Signature of Notary: Joseph L. Fowler Jr
		13. Notary Commission expires: Nov. 12 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Registration for voting	By whom issued and signed: Seattle Precinct # 44-86	Date Issued:	Date Orig. Entry: Registered on Sept. 26, 1944	
Class* B	Date of Birth: 31 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Matilda C. Brashear	Date Issued: August 10,	Date Orig. Entry: 1954	
Class B	Date of Birth: Dec. 25, 1912	Birth Place: Post Falls, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Child's birthcertificate	By whom issued and signed: Washington State Dep't of Health	Date Issued: July 22,	Date Orig. Entry: 1938	
Class B	Date of Birth: 25 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hughes	Dec. 6, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 7 1964

STATE OF IDAHO

State File No. [illegible]

Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name of Birth: ELMER FRANCIS BRASHEAR

2. Date of Birth: DEC 25 1912

3. Place of Birth: WHITE MALE KOOTENAI

4. City or Town of Birth: POST FALLS

FATHER

5. Full Name of Father: WILLIAM E. BRASHEAR

6. State or Country of Father's Birth: MISSOURI

MOTHER

7. Maiden Name of Mother: MATILDA C. MEISSNER

8. State or Country of Mother's Birth: [illegible] MICHIGAN

AFFIDAVIT

9. Before me upon oath that the [illegible] statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant: [illegible]

NOTARY

12. Sworn and sworn to before me on [illegible]

13. Signature of Notary

14. Notary Commission expires [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: Registration for voting

By whom issued and signed: Seattle Precinct # [illegible]-36

Date Issued: Date Orig. Entry: Registered on Sept. 25, 1964

Date of Birth: Birth Place

Full Name of Mother

Name of Father

Class: [illegible]

SUPPORTING RECORD 2

Type of Document: [illegible]

By whom issued and signed: Matilda C. Brashear

Date Issued: August 10, 1964

Date of Birth: Birth Place

Full Name of Mother

Name of Father

Class: [illegible]

SUPPORTING RECORD 3

Type of Document: Public Birth Certificate

By whom issued and signed: [illegible] Washington [illegible]

Date Issued: July 22, 1938

Date of Birth: Birth Place

Full Name of Mother: [illegible] of Health

Name of Father

Class: [illegible]

QUALIFYING INFORMATION

CERTIFICATION

Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Date Registrar

Evidence reviewed by

Date Filed: Dec. 6, 1964

692-118-014-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-69
Local Reg. No.
Reg. Dist. No.

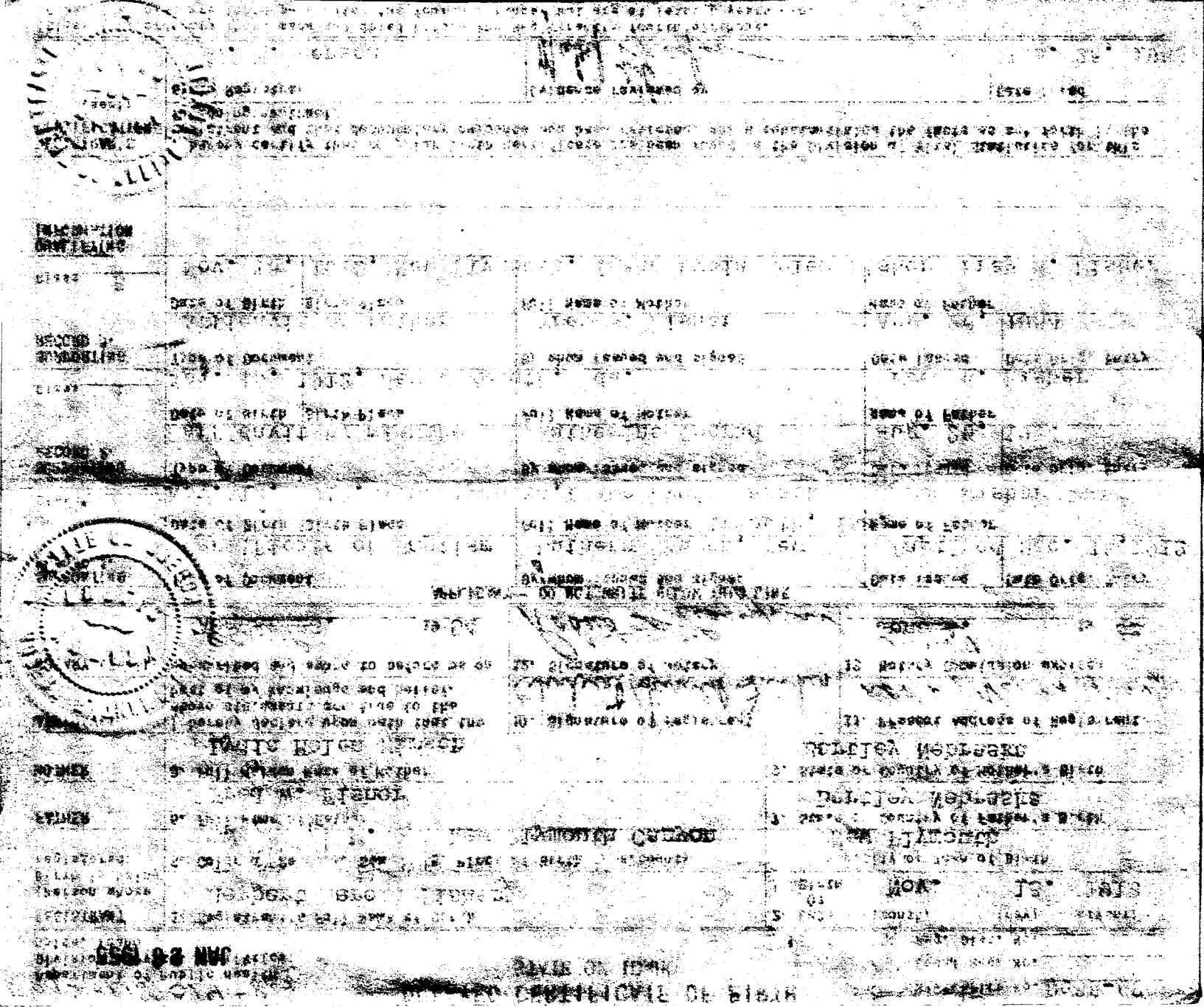
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herbert Herold Fisher		2. Date of Birth (month) Nov. (day) 18. (year) 1912	
	3. Color or Race: W	4. Sex: M.	5. Place of Birth a. County: New Plymouth Canyon	b. City or Town of Birth: New Plymouth
FATHER	6. Full Name of Father: Fred W. Fisher		7. State or Country of Father's Birth: Bartley Nebraska	
MOTHER	8. Full Maiden Name of Mother: Lydia Helen Harsch		9. State or Country of Mother's Birth: Bartley Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Herbert Harold Fisher	11. Present Address of Registrant: Rt #2, Nyssa, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: ~~August 26.~~ Oct. 4. 1954	12. Signature of Notary: Robert F. Thompson	13. Notary Commission expires: ~~June 4.~~ July 7 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Luthern Church, New Plymouth, Ida	Baptized	Dec. 15, 1912
Class* A	Date of Birth / Birth Place: Nov. 18, 1912, New Plymouth, Idaho	Full Name of Mother: Lydia Harsch	Name of Father: Fred Fisher	
SUPPORTING RECORD 2.	Affidavit by midwife	Katherine Conrad	Aug. 26, 1954	
Class A	Date of Birth / Birth Place: Nov. 18, 1912, New Plymouth, Ida.	Full Name of Mother	Name of Father: Fred W. Fisher	
SUPPORTING RECORD 3.	Affidavit by father	Fred W. Fisher	Aug. 26, 1954	
Class B	Date of Birth / Birth Place: Nov. 18, 1912, New Plymouth, Idaho	Full Name of Mother: Lydia Helen Fisher	Name of Father: Fred W. Fisher	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel K. Feeler	Date Filed: Jan. 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.



814-208-803 2/3

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 3 1955
Division of Vital Statistics

State File No. De55-96
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Virginia Madeline May Hamman
2. Date of Birth: (month) 6 (day) 8 (year) 1912
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County
b. City or Town of Birth: Pocatello Idaho

FATHER

6. Full Name of Father: William Albert Hamman
7. State or Country of Father's Birth: Altoona Penna

MOTHER

8. Full Maiden Name of Mother: Lillian May Buckett
9. State or Country of Mother's Birth: Altoona, Penna.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Virginia M. Hamman
11. Present Address of Registrant: 7009 Monticello Rd.

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 29 1955
12. Signature of Notary: W. Orman Hyson
13. Notary Commission expires: Jan 1 1956

W. ORMAN HYSONG
Notary Public
My Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Record from the	Children's Home Williamsburg, Pa.	11-11-16	admitted
Class* B	Date of Birth / Birth Place: June 8, 1912, Idaho	Full Name of Mother:	Name of Father: William A. Hamman	
SUPPORTING RECORD 2.	Church Record	Grace Methodist Church Altoona, Penn.	Apr. 22,	1953
Class B	Date of Birth / Birth Place: June 8, 1912	Full Name of Mother: Lillian May Hamman	Name of Father: William Albert Hamman	
SUPPORTING RECORD 3.	Affidavit by father	Wm. Albert Hamman	Jan. 16,	1955
Class B	Date of Birth / Birth Place: June 8, 1912, Pocatello,	Full Name of Mother: Idaho Lillian May and	Name of Father: Wm. Albert Hamman	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Nelson	Feb. 3, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 4 1955

816-110-044-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JAN 31 1955
Division of Vital Statistics

State File No. De55 343
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DONALD HENRY HAWKEY		2. Date Of Birth (month) (day) (year): SEPTEMBER 10, 1912.
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho, Washington — b. City or Town of Birth: Near Weiser, Idaho.
FATHER	6. Full Name of Father: RICHARD E. HAWKEY		7. State or Country of Father's Birth: Denver, Colorado.
MOTHER	8. Full Maiden Name of Mother: MARY REBECCA BEIGH		9. State or Country of Mother's Birth: North Manchester, Indiana.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Henry Hawkey	11. Present Address of Registrant: 2264 Sonoma, Redding, California.
NOTARY (Seal)	Subscribed and sworn to before me on: 28th January 1955	12. Signature of Notary: W. G. Cattanach	13. Notary Commission expires: May 27 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible record of birth	By whom issued and signed: Original Bible record examined by Jessie M. Fraser, Notary Public	Date Issued	Date Orig. Entry
Class* A	Date of Birth: Sept. 10, 1912 — Birth Place: Near Weiser Idaho	Full Name of Mother: Mary Rebecca Hawkey	Name of Father: Richard E. Hawkey	
SUPPORTING RECORD 2.	Type of Document: Affidavit by an Aunt	By whom issued and signed: Bertha Hemenway	Date Issued: April 4, 1955	Date Orig. Entry
Class B	Date of Birth: Sept. 10, 1912 — Birth Place: near Weiser, Idaho	Full Name of Mother: Mary Rebecca Beigh	Name of Father: Richard E. Hawkey	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth — Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

CLASS B, Also affidavit by mother, Mary R. Phipps, showing birthdate as September 10, 1912 and place of birth as near Weiser, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	April 11, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 12 1955

466-112014-298

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
APR 18 1955
Division of Vital Statistics

State File No. De55-377
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bryant Amon Downing			2. Date Of Birth: (month) Oct (day) 12 (year) 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Parma	
FATHER	6. Full Name of Father: William Henry Downing			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Eva Mae Bryant			9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bryant Amon Downing		11. Present Address of Registrant: John Day, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: 29th day of Oct 1954	12. Signature of Notary: W W Benson		13. Notary Commission expires: July 31 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's Birth Certificate		By whom issued and signed: Bureau of Vital Statistics State of Idaho	Date Issued: Filed 9-11-35	Date Orig. Entry: Born 8-28-35
Class* B	Date of Birth: 22 yrs	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: W. W. Benson, Notary Public Eva Mae Downing	Date Issued: October 29, 1954	Date Orig. Entry:
Class B	Date of Birth: Oct. 12, 1912	Birth Place: Parma, Idaho	Full Name of Mother: Eva May Bryant	Name of Father: William Henry Downing	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Fred W. Anderson, Supt. Canyon County Supt. of Public Instruction	Date Issued: census of Sept. 10, 1921	Date Orig. Entry:
Class B	Date of Birth: 8 yrs old	Birth Place:	Full Name of Mother:	Name of Father: Wm. H. Downing	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Pat Shields	Date Filed:

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

APR 10 1958

REGISTRATION

1. Person whose Birth is being registered	2. Date of Birth (month) (day) (year)	
	3. Place of Birth (County)	4. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant / 11. Present Address of Registrant
Notary (Seal)	12. Signature of Notary	13. Notary Commission Expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document: Affidavit by Mother	By whom issued and signed: Eva Mae Downing	Date Issued / Date Orig. Entry
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document: School Record	By whom issued and signed: Fred W. Anderson, Supt.	Date Issued / Date Orig. Entry
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION			

REPORT PAR 3 CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Pat Whitelaw	

Class 1 [illegible] made and dated before the registrant's fourth birthday.
Class 2 [illegible] after the fourth birthday but are at least 3 years old.

247-227-028-265

Department of Public Health
Division of Vital Statistics
Boise, Idaho

MAY 2 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 16 1953

State File No. De55-433
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELSIE CHRISTINA KUGLER	2. Date Of Birth (month) (day) (year): OCTOBER 27 1912
	3. Color or Race: WHITE; 4. Sex: F; 5. Place of Birth a. County: RATHDRUM KOOTENAI	b. City or Town of Birth: RATHDRUM
FATHER	6. Full Name of Father: Gottlieb Kugler	7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Christina Boekel, (Kugler)	9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Christina Kugler
		11. Present Address of Registrant: 3536 ALLENDALE AVE. ~~334 N.E. JOSEPHINE ST.~~ OAKLAND, CAL. ~~GRANTS PASS OREGON~~
NOTARY (Seal)	Subscribed and sworn to before me on: December 19th, 1952	12. Signature of Notary: M. C. O'Bryan
		13. Notary Commission expires: April 11, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Confirmation Certificate		By whom issued and signed: Lutheran Church Rathdrum, Idaho	Date Issued: Confirmed	Date Orig. Entry: 6-13-26
Class* B	Date of Birth: Oct. 27,	Birth Place: 1912	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Louis J. Haas, Pastor	Date Issued: Baptized	Date Orig. Entry: June 29, 1913
Class B	Date of Birth: Oct. 27,	Birth Place: 1912, Rathdrum,	Full Name of Mother: Idaho Christina Boekel	Name of Father: Gottlieb Kugler	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate		By whom issued and signed: State of California	Date Issued:	Date Orig. Entry: Dec. 2, 1935
Class B	Date of Birth: 23 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Felder	May 2, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 3 1955

Registrar's Full Name of Birth		2. Date of Birth (month) (day) (year)	
Person whose Birth is Sold	Lesie Christian Kugler		
Registered	3. Color or Race 4. Sex	5. Place of Birth	6. Place of Birth
	White Lee	Rathdrum	Kathdrum
FATHER	4. Full Name of Father		7. State or Country of Father's Birth
	Ottlieb Kugler		Germany
MOTHER	5. Full Maiden Name of Mother		8. State or Country of Mother's Birth
	Christina Boekel (Kugler)		Germany
PREPARER	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrar	11. Present Address of Registrar
NOTARY (Name)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires
	May 10th, 1955		April 17, 1955

PRESIDENT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Confirmation certificate	Lutheran Church Rathdrum, Idaho	Confirmed	6-13-56
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	Oct. 27, 1912			
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Certificate of Baptism	Louis J. Haas, Pastor	Baptized	June 29, 1956
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B	Oct. 27, 1912, Rathdrum, Idaho	Christina Boekel	Ottlieb Kugler	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Child's birth certificate	State of California		Dec. 2, 1956
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B	23 yrs old Idaho			
QUALIFYING INFORMATION				

FOR BIRTH'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed [illegible] the facts [illegible] following abstract.

Title of Registrar	Evidence reviewed by	Date Filed
W. Person		May 2, 1955

Please [illegible] and dated [illegible] the [illegible] of this [illegible] birthday but are at least a week old.

219-204-020-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JAN 29 1955
Division of Vital Statistics

State File No. De55 436
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JULIA FRANCES BARTON		2. Date of Birth: (month) January (day) 4 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Pine Creek (Near Shoup)
FATHER	6. Full Name of Father: Peter Joseph Barton		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Alta H. Callahan		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Julia B. Hardy	11. Present Address of Registrant: 9812 2nd Avenue Inglewood, California	
NOTARY (Seal)	Subscribed and sworn to before me on: September 20 1954	12. Signature of Notary: Edna L. Harris	13. Notary Commission expires: Notary Public for the State of Montana Residing in Billings, Montana My commission expires Jan. 8, 1956	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of 1920	Date Orig. Entry: Jan 1st 1920	
	Date of Birth: 7 yrs old	Birth Place: Idaho	Full Name of Mother: Alta H. Barton	Name of Father: Peter J. Barton	
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: County Board of Education Lemhi County	Date Issued: Sept. 1918	Date Orig. Entry:	
	Date of Birth: Jan. 4, 1912	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by Sister	By whom issued and signed: Julia Barton Hardy	Date Issued: April 29, 1955	Date Orig. Entry:	
	Date of Birth: Jan. 4, 1912	Birth Place: Pine Creek, Ida.	Full Name of Mother: Alta H. Barton	Name of Father: Peter Joseph Barton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	May 3, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 3 1955

REGISTRAR	[illegible]	[illegible]
FATHER	[illegible]	[illegible]
MOTHER	[illegible]	[illegible]
APPLICANT	[illegible]	[illegible]
NOTARY (Seal)	[illegible]	[illegible]

APPROVING RECORD 1	Type of Document	By whom issued and signed	Date issued / Date Orig. Entry
	[illegible]	[illegible]	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	[illegible]	[illegible]	[illegible]
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date issued / Date Orig. Entry
	[illegible]	[illegible]	April 28, 1955
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	Jan. 1, 1912 Nine Creek, Ida	Alt. H. Barton	Peter Joseph Barton

QUALIFYING INFORMATION

CERTIFICATE OF CERTIFICATE: [illegible] certify that no prior birth certificate has been found in the Division of Vital Statistics for the [illegible] and that [illegible] has been reviewed, which substantiates the facts as set forth in the [illegible] contract.

State Registrar	Name reviewed by	Date filed
[illegible]	[illegible]	[illegible]

Class A Records are those made and dated [illegible] Class B Records are those made [illegible]

363-121-032-253

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-538
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Almond Coleman		2. Date Of Birth: (month) April (day) 21 (year) 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: Thomas Nelson Coleman		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Nettie May Bell		9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank A. Coleman	11. Present Address of Registrant: Wendell, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on June 1 1955	12. Signature of Notary: Cecil D. Markley	13. Notary Commission expires: Oct. 9 1958	

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Life Insurance Co.	Date Issued: 1937	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Apr. 21, 1912, Shoshone, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Shoshone Public Schools	Date Issued: Sept. 4, 1928	Date Orig. Entry
Class B	Date of Birth / Birth Place: Apr. 21, 1912,	Full Name of Mother	Name of Father: T. N. Coleman	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Nettie Coleman	Date Issued: July 18, 1951	Date Orig. Entry
Class B	Date of Birth / Birth Place: Apr. 21, 1912, Shoshone, Idaho	Full Name of Mother: Nettie Coleman	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: June 3, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Color of Race: [illegible] 4. Sex: [illegible] 5. Place of Birth (County): [illegible]	Place of Birth (City or Town of Birth): Lynchburg
FATHER	6. Name of Father: [illegible]	7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] 11. Present Address of Registrant: Wendell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible] 13. Notary Commission expires: [illegible]

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: [illegible]	Date Issued: 1927	Date Orig. Entry
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Shoshone Public Schools	Date Issued: Sept. 4, 1928	Date Orig. Entry
	Date of Birth: Birth Place	Full Name of Mother	Name of Father: T. N. Coleman	
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: Nettie Coleman	Date Issued: July 14, 1951	Date Orig. Entry
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION	[illegible], Shoshone, [illegible] Nettie Coleman			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	June 3, 1952

Class A Records are those made and placed before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 1 year old.

219-213-005-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-806
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Barden		2. Date Of Birth (month) March (day) 13 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Benowah; b. City or Town of Birth: St. Maries
FATHER	6. Full Name of Father: John Barden		7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Elma Anderson		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Barden Houdek	11. Present Address of Registrant: 15609-11th Ave. S. W. Seattle, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: August 22, 1955	12. Signature of Notary: [signature]	13. Notary Commission expires: August 25, 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Alma Jones	Date issued: 12-14-54	Date Orig. Entry:
Class* B	Date of Birth: March 13, 1912	Birth Place: St. Maries, Idaho Benewah County	Full Name of Mother: Alma Bardon	Name of Father: John Bardon
SUPPORTING RECORD 2.	Type of Document: affidavit for marriage license	By whom issued and signed: State of Idaho County of Kootenai	Date issued: 7-5-55	Date Orig. Entry: June 25, 1930
Class B	Date of Birth: 18 years old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: school census	By whom issued and signed: State of Idaho County of Benewah	Date issued: 8-31-55	Date Orig. Entry: year of 1918
Class B	Date of Birth: 6 years old	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Betty Waller	Sept. 2, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 8 1955

236-116-029-41

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 22 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-834
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Name: Homer Scott
2. Date Of Birth: (month) Oct (day) 16 (year) 1912
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Viola, Idaho

FATHER

6. Full Name of Father: Thomas A. Scott
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Dora Lee Manson
9. State or Country of Mother's Birth: Tennessee

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Homer Scott
11. Present Address of Registrant: 203 Water St

NOTARY (Seal)

Subscribed and sworn to before me on: August 19 1955
12. Signature of Notary: Dean R Sayles
13. Notary Commission expires: 10-21 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: school record
By whom issued and signed: PULLMAN PUBLIC SCHOOLS Pullman, Washington
Date Issued: 7-18-55
Date Orig. Entry:
Date of Birth: 7 years old at enrollment
Birth Place:
Full Name of Mother:
Name of Father:
Class*: B

SUPPORTING RECORD 2.

Type of Document: affidavit by mother
By whom issued and signed: Dora Lee Scott
Date Issued: 7-27-55
Date Orig. Entry:
Date of Birth: October 16, 1912
Birth Place: Viola, Idaho
Full Name of Mother: Dora Lee Scott
Name of Father: Thomas A. Scott
Class: B

SUPPORTING RECORD 3.

Type of Document: PAUL REVERE LIFE INSURANCE insurance application
By whom issued and signed: PAUL REVERE LIFE INSURANCE
Date Issued:
Date Orig. Entry: May 2, 1946
Date of Birth: October 16, 1912
Birth Place: Viola, Idaho
Full Name of Mother:
Name of Father:
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W Benson
Evidence reviewed by: bw Betty Waller
Date Filed: Sept. 16, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 16 1955

Date of Birth

Place of Birth

Name of Father

Mother

Signature of Registrar

Address of Registrar

Date of Birth

Place of Birth

Name of Father

Date Issued

Date Orig. Issued

Date Filed

Sept. 10, 1955

493-204-032-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
SEP 30 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-868
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Elizabeth Miller			2. Date Of Birth: (month) October (day) 4 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Poison Creek St.-Owyhee	b. City or Town of Birth	
FATHER	6. Full Name of Father: W. E. Miller			7. State or Country of Father's Birth: Columbus, Ohio	
MOTHER	8. Full Maiden Name of Mother: Alice Baltazor			9. State or Country of Mother's Birth: Caldwell, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys E. Byas		11. Present Address of Registrant: 8706 Hamlet Ave.-Seattle 18, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: July 28, 19 55	12. Signature of Notary: Della Hatfield		13. Notary Commission expires: 4/13/ 19 56	

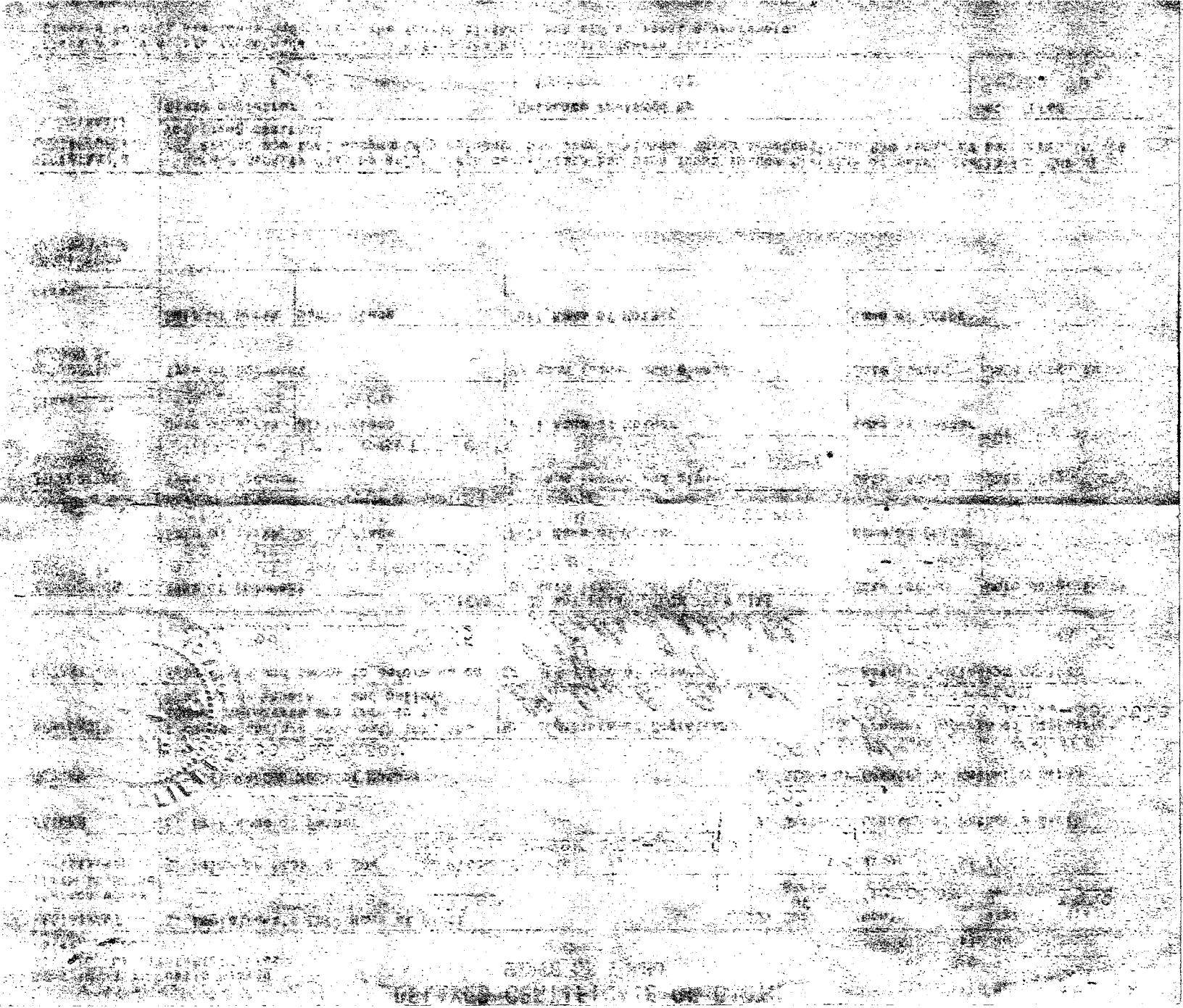
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by attendant at birth (grandmother)		By whom issued and signed: Elizabeth Lucy Balcom	Date Issued: 7-28-55	Date Orig. Entry:
Class* A	Date of Birth: October 4, 1912	Birth Place: Poison Creek Station Owyhee County, Idaho	Full Name of Mother: Alice Baltazor	Name of Father: W. E. Miller	
SUPPORTING RECORD 2.	Type of Document: child's birth certificate		By whom issued and signed: WASHINGTON STATE DEPT. OF HEALTH #48781	Date Issued:	Date Orig. Entry: child born May 9, 1938
Class B	Date of Birth: 25 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: Sept. 30, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



134-129-007-314

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-910
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Theodore FranKlin ALDOUS
2. Date Of Birth (month) (day) (year): November 29 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Blaine
b. City or Town of Birth: Clyde or Howe

FATHER

6. Full Name of Father: Augustus Thomas ALDOUS
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Mabel Maude Lambert
9. State or Country of Mother's Birth: Pennsylvania

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Theodore Franklin Aldous
11. Present Address of Registrant: 1638 Santa Barbara St. San Diego 7, California

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 11 1955
12. Signature of Notary: Thelma H. Dewar
13. Notary Commission expires: January 15 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	church record	L.D.S. Church		blessed October 5, 1913
Class* A	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	November 29, 1912 / Clyde, Idaho Blaine County	Mabel Lambert	Augustus T. Aldous	
SUPPORTING RECORD 2.	military record	U. S. Navy		discharged Sept. 5, 1939
Class B	November 29, 1912 / Idaho			
SUPPORTING RECORD 3.	church record	L.D.S. CHURCH	1-6-24	baptized January 6, 1924
Class B	November 29, 1912 / Clyde, Idaho	Mable Lambert	Augustus T. Aldous	

QUALIFYING INFORMATION

military record - NAVY DEPARTMENT Bureau of Naval Personnel issued May 27, 1947

enlisted September 16, 1933; birth date: November 29, 1912, birthplace: Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	October 18, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 19 1955

NOV 1 1955

133-2121025-614

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D455-957
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 21 1955 Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl ~~Carter~~ Allen		2. Date of Birth (month) Feb. (day) 12 (year) 1912	
	3. Color or Race: White	4. Sex: female	5. Place of Birth: a. County: Hagerman, Idaho	b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: George E. Allen		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Agnes Elenora Fausett		9. State or Country of Mother's Birth: Nevada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Allen Carter	11. Present Address of Registrant: 11600 Rainier ave. Seattle, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 19 1955	12. Signature of Notary: E McConklin	13. Notary Commission expires: March 7 1956	

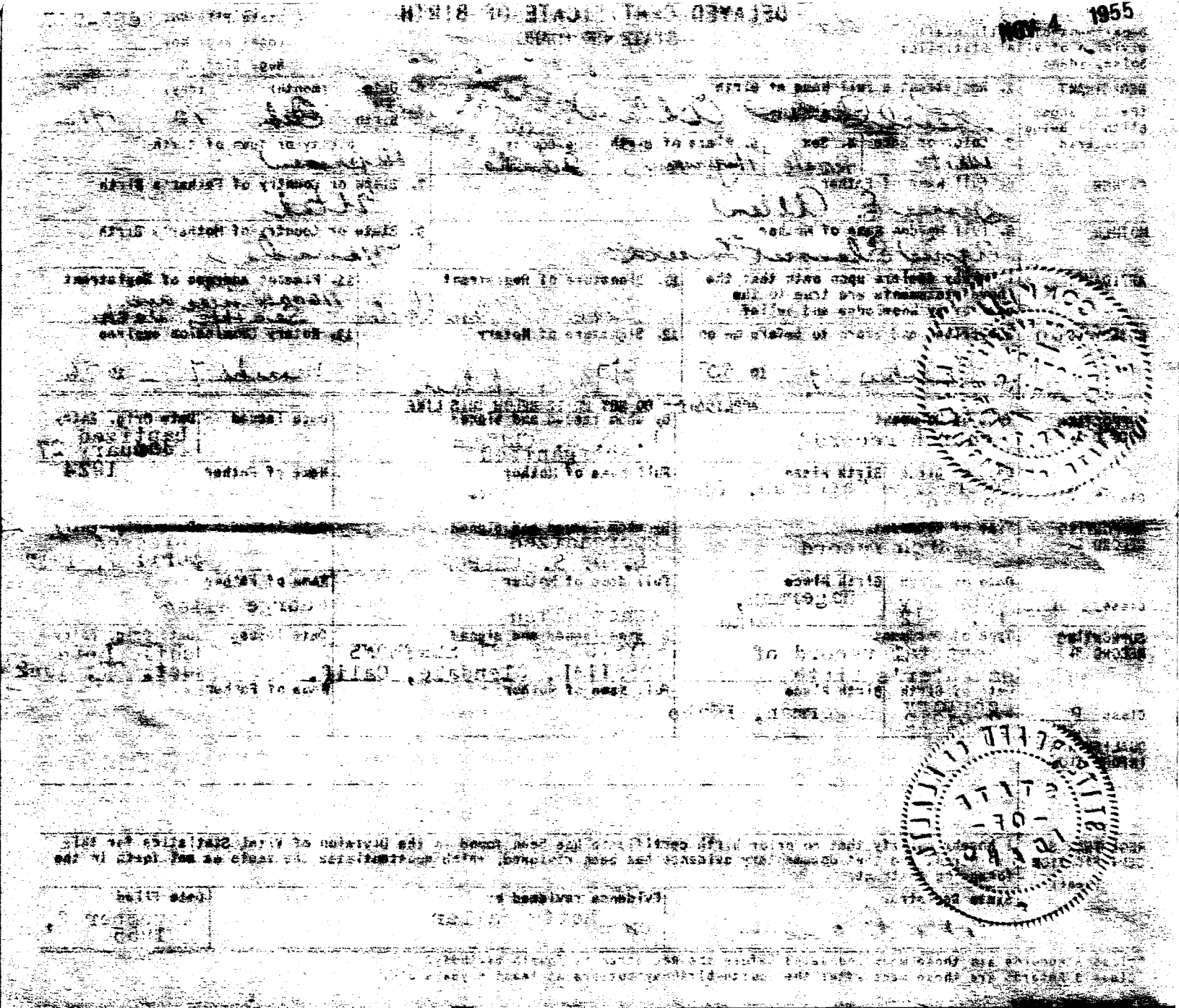
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: church record		By whom issued and signed: L. D. S. CHURCH Reorganized	Date Issued:	Date Orig. Entry: baptized January 27 1924
Class* B	Date of Birth: February 12, 1912	Birth Place: Hagerman, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: church record		By whom issued and signed: Reorganized L. D. S. CHURCH	Date Issued:	Date Orig. Entry: blessed April 7, 1912
Class A	Date of Birth: February 12, 1912	Birth Place: Hagerman, Idaho	Full Name of Mother: Agnes Allen	Name of Father: George Allen	
SUPPORTING RECORD 3.	Type of Document: hospital record of daughter's birth		By whom issued and signed: PHYSICIANS AND SURGEONS HOSPITAL, Glendale, Calif.	Date Issued:	Date Orig. Entry: child born Oct. 27, 1942
Class B	Date of Birth: February 12, 1912	Birth Place: Hagerman, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Benson	Evidence reviewed by: bw Betty Waller	Date Filed: November 3, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



NOV 4 1955

DELAYED CERTIFICATE OF BIRTH

STATE OF CALIFORNIA

Registrar's Full Name of Birth

Date (month) (day) (year)

Birth

Color or Race

Sex

Place of Birth

Country or Town of Birth

Full Name of Father

Place of Country of Father's Birth

Full Maiden Name of Mother

State or Country of Mother's Birth

Affidavit

Sworn to before me on

Signature of Registrant

Signature of Notary

Notary Commission expires

Date Issued

Date Orig. Entry

Bantized

January 27

1924

Name of Father

Full Name of Mother

Birth Place

Date of Birth

Name of Father

Date Issued

Date Orig. Entry

Birth Place

Date of Birth

Full Name of Mother

Name of Father

Date Issued

Date Orig. Entry

Birth Place

Date of Birth

Full Name of Mother

Name of Father

Date Filed

Evidence reviewed by

State Registrar

Date Filed

1955

291-201-025-443

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De55-980
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geneva Elizabeth Braxling				2. Date Of Birth (month) (day) (year): September 1, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho	a. County: Tahoe	b. City or Town of Birth: Kooskia
FATHER	6. Full Name of Father: Emil Braxling				7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Julia A. Ducep				9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Geneva Shannie		11. Present Address of Registrant: 1470 Mitchell and Dr. Roseburg Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: October 14 1955		12. Signature of Notary: Faye L. Powell		13. Notary Commission expires: My Commission Expires May 22, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security record		By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date Issued:	Date Orig. Entry: September 11, 1941
Class* B	Date of Birth: September 1, 1912	Birth Place: Kooskia, Idaho	Full Name of Mother: #540-24-243 Julia Ducep		Name of Father: Emil Braxling
SUPPORTING RECORD 2.	Type of Document: affidavit by midwife		By whom issued and signed: Sue Lycan	Date Issued: 10-26-55	Date Orig. Entry:
Class A	Date of Birth: September 1, 1912	Birth Place: Kooskia, Idaho Idaho County	Full Name of Mother: Julia Braxling		Name of Father: Emil Braxling
SUPPORTING RECORD 3.	Type of Document: insurance application		By whom issued and signed: PRUDENTIAL INSURANCE CO. of America #414 112 509	Date Issued:	Date Orig. Entry: October 9 1941
Class B	Date of Birth: September 1, 1912	Birth Place: Kooskia, Idaho	Full Name of Mother: Julia Ducep		Name of Father: Emil Braxling
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Waller	November 14 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

over

NOV 15 1965

Sir - you will notice I have Idaho for the County but the paper signed by mrs Lyscan says Idaho County. I left Idaho when a little girl and always thought it was Tahoe Co. but found out it was Idaho Ridge Community where I was born + Idaho Co. mrs E. L. Shoemaker

645-120-087-279

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De55-986
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George L. Funk			2. Date Of Birth: (month) April (day) 20th (year) 1912
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Blaine now Power	b. City or Town of Birth: 16 miles west of American Falls.
FATHER	6. Full Name of Father: Friedrich Funk			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Mary Spies			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George L. Funk		11. Present Address of Registrant: American Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 18th, 19 55.	12. Signature of Notary: W. C. Loofbourrow Residing at American Falls, Ida.		13. Notary Commission expires: Jan. 3, 19 59.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Mary Funk	Date Issued: 10-18-55	Date Orig. Entry:
Class* B	Date of Birth: April 20 1912 / Birth Place: Blaine, Idaho Power County	Full Name of Mother: Mary Spies	Name of Father: Friedrich Funk	
SUPPORTING RECORD 2.	Type of Document: church record	By whom issued and signed: ST. JOHN'S LUTHERN CHURCH American Falls, Idaho	Date Issued:	Date Orig. Entry: baptized Sept. 15, 1912
Class A	Date of Birth: April 20 1912 / Birth Place: Idaho	Full Name of Mother: George L. Prattler, pastor Mary Spies	Name of Father: Friedrich Funk	
SUPPORTING RECORD 3.	Type of Document: Bible record	By whom issued and signed: viewed by W. C. Loofbourrow Notary Public, American	Date Issued: 10-19-55	Date Orig. Entry:
Class A	Date of Birth: April 20 1912 / Birth Place: Idaho	Full Name of Mother: Falls, Idaho	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Betty Waller	Date Filed: November 15 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth (month) April (day) 20th (year) 1912
3. Place of Birth: [illegible]
4. Sex: [illegible]
5. Place of Birth: Blaine Raw
6. City or Town of Birth: Miles West of [illegible]
7. State or Country of Father's Birth: Russia
8. Full Name of Father: [illegible]
9. State or Country of Father's Birth: Russia

MOTHER

NOV 23 1955

AFFIDAVIT

I hereby certify that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on: [illegible]

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible], Idaho
12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible]

SUPPORTING RECORD 1

Type of Document: Affidavit by mother
Date of Birth: April 20 1912
Birth Place: Blaine, Idaho
Sex: [illegible]
By whom issued and signed: Mary Funk
Full Name of Mother: [illegible]
Date Issued: 10-18-55
Date Only Entry:
Name of Father: Friedrich Funk

SUPPORTING RECORD 2

Type of Document: church record
Date of Birth: April 20 1912
Birth Place: Idaho
Sex: [illegible]
By whom issued and signed: St. John's Lutheran Church, American Falls, Idaho
Full Name of Mother: George [illegible] Prattler, pastor Mary Spies
Date Issued: Sept [illegible]
Name of Father: Friedrich Funk

SUPPORTING RECORD 3

Type of Document: Bible record
Date of Birth: April 20 1912
Birth Place: Idaho
By whom issued and signed: Reviewed by W. C. Loofbourrow, Notary Public, American Falls, Idaho
Full Name of Mother: [illegible]
Date Issued: 10-19-55
Date Only Entry:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: Betty Waller
Date Filed: November 15 1955

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made and dated after the fourth birthday but are at least [illegible] years old.

214-228-028-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho .

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1013
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Viola Delphene Sadler
2. Date of Birth (month) (day) (year): July 28 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Coeur D'Alene Ida.

FATHER

6. Full Name of Father: William Sadler
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Christina Josephine Schaub
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Viola Johns
11. Present Address of Registrant: Juliaetta Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 13th 1955
12. Signature of Notary: [signature]
13. Notary Commission expires: Jan 11th 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class* B	Statement re school record	July 28 1912	Coeur d'Alene Idaho	LAPWAI PUBLIC SCHOOLS Lapwai, Idaho	Christina Joephine Sadler	10-26-55	entered Sept. 1930	William Sadler
SUPPORTING RECORD 2. Class B	insurance application	July 28 1912	Coeur d'Alene Idaho	IDAHO MUTUAL BENEFIT ASSOCIATION #17492			1942	
SUPPORTING RECORD 3. Class A	church record	July 28 1912	Coeur d'Alene Idaho	ST. THOMAS ROMAN CATHOLIC CHURCH, Coeur d'Alene	Christine Sadler	2-9-55	baptized Aug. 25, 1912	William Sadler

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. J. Ramsden	Betty Waller	November 23 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

State File No. Dec 7-1913
Local Reg. No.
Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRAR — Registrar's Full Name at Birth — 2. Date (Month) (Day) (Year)

Person whose birth is being registered — Birth

4. Color or Race — 5. Sex — 6. Place of Birth (Remembered) — Facility or Name of Birth

FEB 9 1956

FATHER — 6. Full Name of Father — 7. State or Country of Father's Birth

MOTHER — 8. Full Maiden Name of Mother — 9. State or Country of Mother's Birth

AFFIDAVIT — I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. — 10. Signature of Registrant — 11. Person's Address of Registrant

NOTARY (Seal) — Subscribed and sworn to before me — 12. Signature of Notary — 13. Notary Commission

SUPPORTING RECORD 1 — Type of Document: Statement re school record — Date Issued: 1-30-55 Sept. 1930 — Name of Father: William Sadler

Date of Birth: Birth Place: July 28 Coeur d'Alene 1912 — Full Name of Mother: Christina Sadler

Date of Birth: Birth Place: July 28 Coeur d'Alene 1912 — Full Name of Mother: Christine Sadler — Name of Father: William Sadler

SUPPORTING RECORD 2 — Type of Document: Church Record — Date Issued: 1-1-55 — Date Orig. Entry: Baptized Aug. 25, 1912

Date of Birth: Birth Place: July 28 Coeur d'Alene 1912 — Full Name of Mother: Christine Sadler — Name of Father: William Sadler

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal) — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar — Evidence reviewed by: Betty Waller — Date Filed: November 23 1955

Class A Records are those made and [illegible] Class B Records are those made after the fourth birthday but are at least 5 years old.

855-219-022-413

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De55-1090
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADYS MAE HENSLEY			2. Date Of Birth (month) (day) (year): September 19 1912	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Idaho a. County: Fremont	b. City or Town of Birth: St. Anthony	
FATHER	6. Full Name of Father: William Hensley			7. State or Country of Father's Birth: Bedford, Iowa	
MOTHER	8. Full Maiden Name of Mother: Frances Hulda Mathews			9. State or Country of Mother's Birth: Bath, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Mae Hensley Willis		11. Present Address of Registrant: Eden Idaho Box 324	
NOTARY (Seal)	Subscribed and sworn to before me on: December 3rd 1955	12. Signature of Notary: [signature]		13. Notary Commission expires: Feb. 1, 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Frances Hulda Mathews Hensley		Date Issued: 12-13-41	Date Orig. Entry:
Class* B	Date of Birth: September 19, 1912	Birth Place: St. Anthony Fremont County	Full Name of Mother: Frances Hulda Mathews	Name of Father: William Hensley	
SUPPORTING RECORD 2.	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH		Date Issued: 5-2-49	Date Orig. Entry: baptized April 30, 1949
Class B	Date of Birth: September 19, 1912	Birth Place: St. Anthony Idaho	Full Name of Mother: Frances Mathews	Name of Father: William Hensley	
SUPPORTING RECORD 3.	Type of Document: application for insurance	By whom issued and signed: GEM STATE MUTUAL LIFE ASSOCIATION #22080D7		Date Issued:	Date Orig. Entry: July 30 1952
Class B	Date of Birth: September 19, 1912	Birth Place: St. Anthony Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. L. Benson	bw Betty Waller	December 19 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

DELAYED

DELAYED

755-212-037-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAY 27 1955
Division of Vital Statistics

State File No. De56-086
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruby Eileen Pence

2. Date Of Birth: (month) May (day) 12, (year) 1912

3. Color or Race: White

4. Sex: Female

5. Place of Birth: a. County: Owyhee; b. City or Town of Birth: Bruneau

FATHER

6. Full Name of Father: Arthur Pence Jr.

7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Edith Mirriam Harley

9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruby Eileen Pence

11. Present Address of Registrant: Tamarack Drive, Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 25 1955

12. Signature of Notary: Margaret Wolfgram

13. Notary Commission expires: November 14 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
CHURCH RECORD	ST. JOHN'S CHURCH Bruneau, Idaho		baptized April 5, 1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 12 1912		Edith Pence	Arthur Pence

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement by attending physician	DR. J. C. BARTLETT Bruneau, Idaho	8-4-52	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 12 1912	Bruneau, Idaho Owyhee County	Edith Mirriam Harley	Arthur Pence, Jr.

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	February 1 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

FEB 2 1950

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Ruby Aileen Pence	2. Date of Birth (month) (day) (year): May 12, 1912	
	3. Color or Race 4. Sex: White Female	5. Place of Birth: Bruneau Owyhee	Mailing or Town of Birth: Bruneau
FATHER	6. Full Name of Father: Arthur Pence Jr.	7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Edith Miriam Harley	9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Tamarack Drive Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: CHURCH RECORD	By whom issued and signed: Mr. JOHN [illegible]	Date Issued	Date Orig. Entry
	Date of Birth: May 12	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
Class				
SUPPORTING RECORD 2	Type of Document: Statement by attending physician	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry
	Date of Birth: May 12 1912	Birth Place: Bruneau, Idaho	Full Name of Mother: Edith Miriam Harley	Name of Father: Arthur Pence, Jr.
Class				
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class				
QUALIFYING INFORMATION				

REGISTRATION CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by: Betty Waller	Date filed: February 1 1950

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least 1 year

796-222-023-843

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-136
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Flossie Pearl Grogan
2. Date of Birth (month) (day) (year): Sept. 22 1912
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Emmett Idaho Gem
b. City or Town of Birth: Emmett Idaho

FATHER

6. Full Name of Father: Marion Frank Grogan
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Mary Elzady Hulsey
9. State or Country of Mother's Birth: Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cropper Flossie Pearl Grogan
11. Present Address of Registrant: R3 Box 578 Hood River Ore

NOTARY (Seal)

Subscribed and sworn to before me on: January 27 1956
12. Signature of Notary: Elsie Rogers
13. Notary Commission expires: Sept. 21, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SOCIAL SECURITY RECORD	TREASURY DEPARTMENT Internal Revenue Service		signed July 13, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
September 22, 1912	Emmett, Idaho Gem County	Mary Elzady Hulsey	Marion Frank Grogan

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
CERTIFICATE OF MARRIAGE	STATE OF WASHINGTON COUNTY OF CLARK	11-24-56	October 31 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
20 years old	Emmett, Idaho	Mary Hulsey	Frank Grogan

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
APPLICATION FOR INSURANCE	THE MACCABEES Detroit, Michigan		May 6, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
September 22, 1912	Emmett, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	February 13 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED

FEB 12 1912

DELAYED

SEE 1912 209093 SIBLINGS

766-218-028-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De56-164~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucille Esther Goodson		2. Date Of Birth (month) August (day) 18 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cour De Alene, Idaho; b. City or Town of Birth: Cour De Alene, Idaho
FATHER	6. Full Name of Father: Tullius Theodore Goodson		7. State or Country of Father's Birth: Denver, N. C.
MOTHER	8. Full Maiden Name of Mother: Nellie Rachel Greear		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille Esther Goodson	11. Present Address of Registrant: Box #7, Denver, N. C.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 4 1956	12. Signature of Notary: Key Howard	13. Notary Commission expires: Reg/Com. Notary Expires Aug. 25th 1956 ____ 19__

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: STATEMENT RE EMPLOYMENT APPLICATION	By whom issued and signed: NATIONAL CARBON COMPANY Charlotte, North Carolina	Date issued: 2-7-56	Date Orig. Entry: submitted Nov 1, 1948
	Date of Birth: August 18 1912	Birth Place: Coeur d'Alene Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: AFFIDAVIT BY UNCLE	By whom issued and signed: PAT W. GOODSON	Date issued: 2-4-56	Date Orig. Entry:
	Date of Birth: August 18 1912	Birth Place: Coeur d'Alene Idaho	Full Name of Mother: Nellie Rachel Greear	Name of Father: Tullius Thedore Goodson
SUPPORTING RECORD 3. Class B	Type of Document: SOCIAL SECURITY RECORD 245 22 9443	By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date issued:	Date Orig. Entry: August 6 1942
	Date of Birth: August 18 1912	Birth Place: Coeur D'Alene Idaho	Full Name of Mother: Nellie Rachel Greear	Name of Father: Tullius T. Goodson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: February 20 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

195 223-037-318

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-181
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ada Ruth Arendt.
2. Date Of Birth: (month) June (day) 23 (year) 1912
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Bruneau, Owyhee
b. City or Town of Birth: Bruneau

FATHER

6. Full Name of Father: George Henry Arendt.
7. State or Country of Father's Birth: Illinois, Mammouth Co.

MOTHER

8. Full Maiden Name of Mother: Annie Margaret Taylor.
9. State or Country of Mother's Birth: Bruneau, Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ada Ruth Twomey
11. Present Address of Registrant: Bruneau, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 24 1956

12. Signature of Notary: Nell Elison
13. Notary Commission expires: March 25 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by mother	June 23,1912	Bruneau, Idaho	Nell Elison-Notary Public Mrs. Annie Arendy	Annie Margaret Arendt	Feb.24,1956	George Henry Arendt	Feb. 24,1956
SUPPORTING RECORD 2. Class B	Bible Record	June 23,1912	Bruneau	Entered in Bible by Sister	Annie Taylor Arendt	Viewed originals in this office. Obviously old	Geo. H. Arendt	
SUPPORTING RECORD 3. Class B	Child's birth certificate	Age 22	Bruneau, Idaho	State File #231091 Boise, Ida. Bureau of Vital Statistics		Mar.27,1935		Mar.27,1935

QUALIFYING INFORMATION

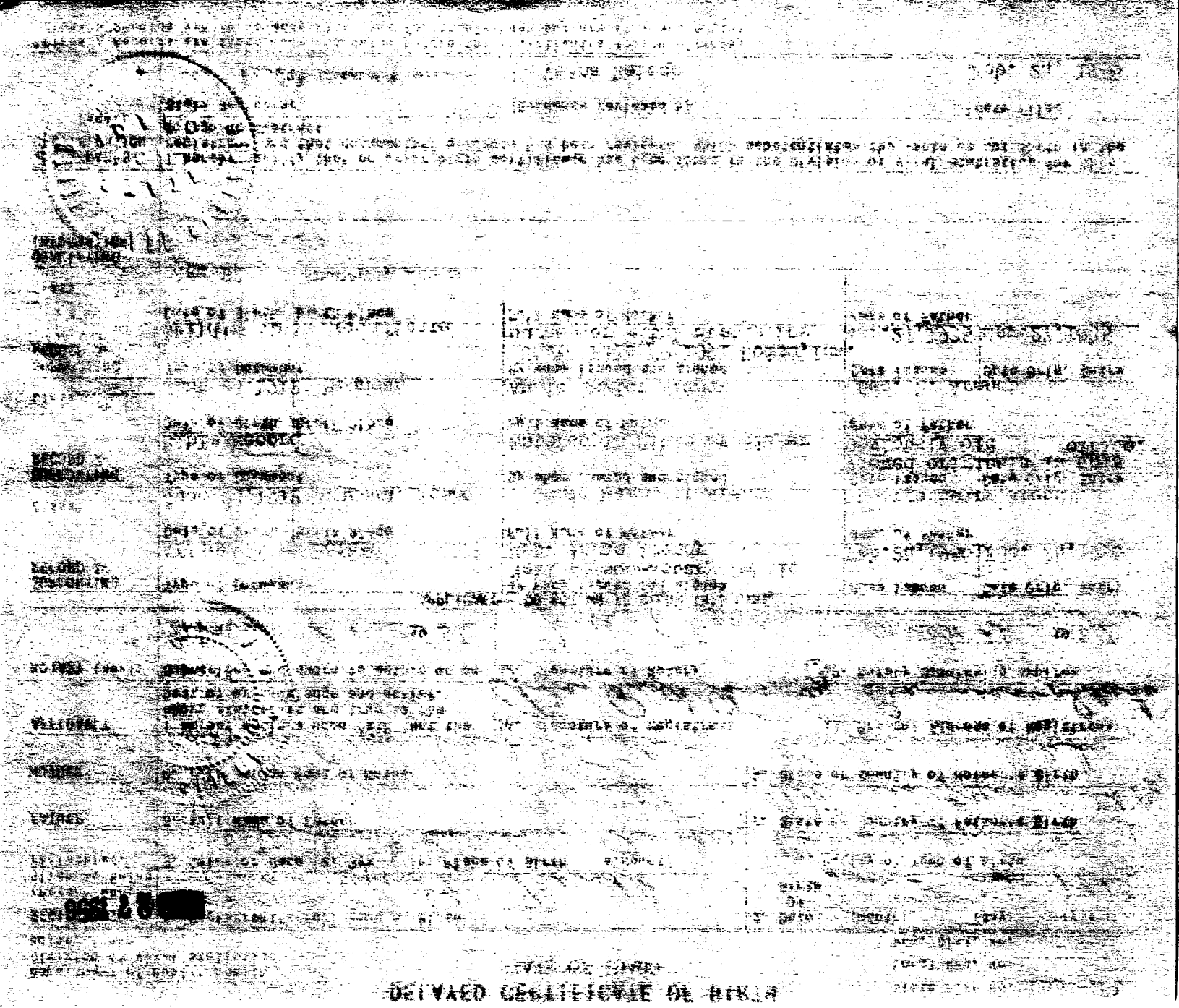
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Brown
Evidence reviewed by: Verna Reisch
Date Filed: Feb. 24, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067



DERIVED CERTIFICATE OF RIGHT

758-229-006-919

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. D56-219
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Katherine Berlin Geyer

2. Date of Birth: (month) May (day) 29 (year) 1912

3. Color or Race: white

4. Sex: F

5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: Norman Paul Geyer

7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Sarah Willan Raine

9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Katherine Berlin Geyer

11. Present Address of Registrant: San Mateo, California

NOTARY (Seal)

Subscribed and sworn to before me on November 7 — 1955

12. Signature of Notary: Tom Wagner
Notary Public
In and for the County of San Mateo, State of California

13. Notary Commission expires
My Commission Expires
Feb. 25, 1957 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: SON'S BIRTH CERTIFICATE
By whom issued and signed: STATE OF IDAHO #240250
Date Issued:
Date Orig. Entry: child born Feb. 19, 1936
Date of Birth: 23 years old
Birth Place: Blackfoot, Idaho
Full Name of Mother:
Name of Father:
Class* B

SUPPORTING RECORD 2.

Type of Document: CENSUS RECORD
By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census
Date Issued: 12-22-55
Date Orig. Entry: Census of 1920, Jan 1
Date of Birth: 7 years old
Birth Place: Idaho
Full Name of Mother: Sarah R. Geyer
Name of Father: Norman P. Geyer
Class B

SUPPORTING RECORD 3.

Type of Document: AFFIDAVIT BY MOTHER
By whom issued and signed: SARAH WILLIAN RAINE GEYER Blackfoot, Idaho
Date Issued: 11-7-55
Date Orig. Entry:
Date of Birth: May 29 1912
Birth Place: Blackfoot, Idaho Bingham County
Full Name of Mother: Sarah Willian Raine Geyer
Name of Father:
Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: V. D. Benson
Evidence reviewed by: Betty Waller
Date Filed: March 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 2 1956

315-218-029-268

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-230
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARIE LOUISE LANDE			2. Date of Birth (month) MARCH (day) 18 (year) 1912	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: IDAHO a. County: LATAH	b. City or Town of Birth: POTLATCH	
FATHER	6. Full Name of Father: Lars Lande			7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Nicoline Soholt			9. State or Country of Mother's Birth: Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Marie L. Anderson	11. Present Address of Registrant: 2408 N 25th - Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: 3-8-1956		12. Signature of Notary: W W Benson	13. Notary Commission expires: July 31, 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: DAUGHTER'S BIRTH CERTIFICATE		By whom issued and signed: STATE OF IDAHO #358337	Date Issued:	Date Orig. Entry: child born September 9, 1942
Class* B	Date of Birth: 30 years old	Birth Place: Potlatch, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: AFFIDAVIT BY MOTHER		By whom issued and signed: NICOLINE LANDE Boise, Idaho	Date Issued: 3-8-56	Date Orig. Entry: 3-8-56
Class B	Date of Birth: March 18 1912	Birth Place: Potlatch Idaho	Full Name of Mother: Nicoline Lande	Name of Father: Lars Lande	
SUPPORTING RECORD 3.	Type of Document: SCHOOL RECORD		By whom issued and signed: NORTHERN IDAHO COLLEGE OF EDUCATION, Lewiston, Idaho	Date Issued:	Date Orig. Entry: matriculated 1929
Class B	Date of Birth: March 18 1912	Birth Place: Potlatch Idaho	Full Name of Mother:	Name of Father: Lars Lande	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Benson		Evidence reviewed by: Betty Waller	Date Filed: March 8, 1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH H0067

MAY 1 8 1967

MAR 8 1969

MAY 07 1969

DELAYED

DUP 00 1912-4611

844-128-028-583

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-259
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Nylen Humphrey
2. Date Of Birth (month) (day) (year): June 28 1912
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Coeur D' Alene, Idaho

FATHER

6. Full Name of Father: Charles Butrick Humphrey
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Clara Amanda Nylen
9. State or Country of Mother's Birth: North Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John N. Humphrey
11. Present Address of Registrant: 501 Hattie, CDA, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: Mar. 6 19 56
12. Signature of Notary: Myron M. Humphrey
13. Notary Commission expires: 11/26 19 56

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: AFFIDAVIT BY MOTHER
By whom issued and signed: CLARA A. HUMPHREY Coeur d'Alene, Idaho
Date Issued: 3-6-56
Date Orig. Entry:
Class* B
Date of Birth: June 28 1912
Birth Place: Coeur d'Alene Idaho
Full Name of Mother: Clara A. Humphrey
Name of Father: John N. Humphrey

SUPPORTING RECORD 2.

Type of Document: STATEMENT RE SCHOOL RECORD
By whom issued and signed: COUNTY BOARD OF EDUCATION Kootenai Co., Coeur d'Alene Idaho
Date Issued:
Date Orig. Entry: school census of Sept. 1, 1924
Class B
Date of Birth: June 28 1912
Birth Place:
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: SON'S BIRTH CERTIFICATE
By whom issued and signed: STATE OF IDAHO #50 - 0698
Date Issued:
Date Orig. Entry: child born Jan 13, 1950
Class B
Date of Birth: 37 years old
Birth Place: Coeur d'Alene Idaho
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar:
Evidence reviewed by: Betty Waller
Date Filed: March 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 13 1968

125-109-022-842

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-445
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glen Hubbard Abegglen			2. Date of Birth (month) (day) (year): February 9, 1912
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Wilford, Idaho — Fremont	b. City or Town of Birth: Wilford, Idaho
FATHER	6. Full Name of Father: Lawrence Edward Abegglen			7. State or Country of Father's Birth: Midway, Utah
MOTHER	8. Full Maiden Name of Mother: Lucy Jane Hubbard			9. State or Country of Mother's Birth: Willard, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glen Hubbard Abegglen		11. Present Address of Registrant: St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 9, 1956	12. Signature of Notary: Harry J. Lewis		13. Notary Commission expires: Feb. 2, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement re CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH St. Anthony, Idaho		Date Issued: 3-6-56	Date Orig. Entry: baptized July 2, 1920
Class* B	Date of Birth: February 9 1920	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: AFFIDAVIT BY FRIEND OF FAMILY	By whom issued and signed: J. ROY ORME St. Anthony, Idaho		Date Issued: 4-16-56	Date Orig. Entry:
Class B	Date of Birth: February 9 1912	Birth Place: Wilford, Idaho Fremont County	Full Name of Mother: Lucy Jane Hubbard	Name of Father: Lawrence Edward Abegglen	
SUPPORTING RECORD 3.	Type of Document: Statement re school record	By whom issued and signed: Fremont County, Idaho		Date Issued: 4-10-56	Date Orig. Entry: September 1927
Class B	Date of Birth: 15 years old	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	April 30, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 49067

APR 30 1956

APR 30 1956

DELAYED CERTIFICATE OF BIRTH

369-229-043-433

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-479
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Pearl Cormaney		2. Date Of Birth: January 29 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Valley	b. City or Town of Birth: McCall
FATHER	6. Full Name of Father: Arlie Jefferson Cormaney		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Sarah Katherine McCarthy		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred P. Cormaney	11. Present Address of Registrant: 329-6th St., Lewiston, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 4 1956	12. Signature of Notary: Elma M. Rossi	13. Notary Commission expires: Dec. 2 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: church record	By whom issued and signed: Church of the Holy Family Clarkston, Washington	Date Issued: 6-6-55	Date Orig. Entry: baptized Nov. 10, 1914	
	Date of Birth: January 29, 1912	Birth Place: McCall, Idaho	Full Name of Mother: Sarah McCarthy	Name of Father: Arlie Cormany	
SUPPORTING RECORD 2. Class B	Type of Document: #H 453286 application for insurance	By whom issued and signed: Equitable Life Assurance Society of the United States	Date Issued:	Date Orig. Entry: January 28 1948	
	Date of Birth: January 29, 1912	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: affidavit by mother	By whom issued and signed: Sarah Cormaney Lewiston, Idaho	Date Issued: 5-4-56	Date Orig. Entry:	
	Date of Birth: January 29, 1912	Birth Place: McCall, Idaho Valley County	Full Name of Mother: Sarah Cormaney	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	May 8, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

REVISED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 8 1956

Valley

293-205-030-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-546
Local Reg. No.
Reg. Dist. No.

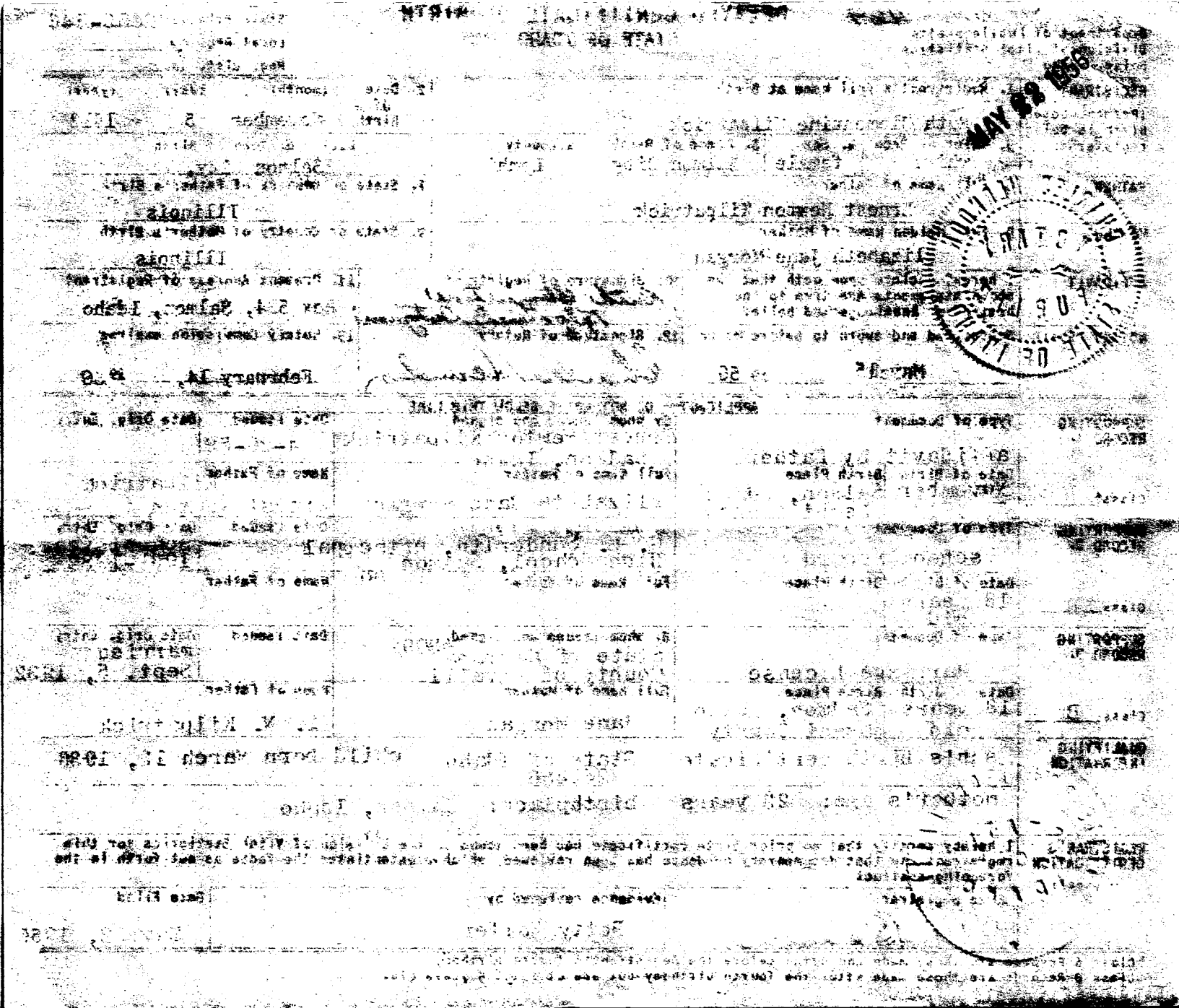
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Clementine Kilpatrick			2. Date Of Birth: (month) November (day) 5 (year) 1912	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Salmon City a. County: Lemhi	b. City or Town of Birth: Salmon City, I	
FATHER	6. Full Name of Father: Ernest Newton Kilpatrick			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Jane Morgan			9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ruth Clementine Kilpatrick Bateman	11. Present Address of Registrant: Box 524, Salmon, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 15 1956		12. Signature of Notary: Charles Hendon	13. Notary Commission expires: February 14, 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: affidavit by father		By whom issued and signed: Ernest Newton Kilpatrick Salmon, Idaho	Date Issued: 4-30-56	Date Orig. Entry:
	Date of Birth: November 5, 1912	Birth Place: Salmon, Idaho Lemhi County	Full Name of Mother: Elizabeth Jane Morgan	Name of Father: Kilpatrick Ernest Newton	
SUPPORTING RECORD 2. Class B	Type of Document: school record		By whom issued and signed: G. E. Sunderlin, principal High School, Salmon Idaho	Date Issued:	Date Orig. Entry: school year 1931-1932
	Date of Birth: 18 years old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Marriage License		By whom issued and signed: #3092 State of Montana County of Ravalli	Date Issued:	Date Orig. Entry: married Sept. 5, 1932
	Date of Birth: 19 years old	Birth Place: Salmon, Idaho Lemhi County	Full Name of Mother: Jane Morgan	Name of Father: E. N. Kilpatrick	
QUALIFYING INFORMATION	son's birth certificate State of Idaho #242486 child born March 13, 1936				
	mother's age: 23 years birthplace: Salmon, Idaho				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Benson		Evidence reviewed by: Betty Waller	Date Filed: May 22, 1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



792-203-018-913

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-578
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erma Frieda Gibbons		2. Date Of Birth (month) March (day) 3 (year) 1912
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Idaho Clearwater; b. City or Town of Birth: Weippe
FATHER	6. Full Name of Father: Maston James Gibbons		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Ella Frieda Rachow		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Erma F. Hoffman	11. Present Address of Registrant: 10632 Des Moines Way Seattle 88, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: April 17, 1956	12. Signature of Notary: George W McBroon	13. Notary Commission expires: July 18 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Ella Frieda Gibbons Weatherford, Texas	Date Issued: 4-10-56	Date Orig. Entry:
Class* B	Date of Birth: March 3 1912; Birth Place: Weippe Idaho	Full Name of Mother: Ella Frieda Gibbons	Name of Father: Maston James Gibbons	
SUPPORTING RECORD 2.	Type of Document: application for Social Security number	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued:	Date Orig. Entry: applied Nov. 23, 1936
Class B	Date of Birth: March 3 1912; Birth Place: Weippe Idaho	Full Name of Mother: Ella Frieda Rachow	Name of Father: Maston J. Gibbons	
SUPPORTING RECORD 3.	Type of Document: daughter's birth certificate	By whom issued and signed: State of Kansas #205 65909	Date Issued: 5-14-56	Date Orig. Entry: child born July 5, 1939
Class B	Date of Birth: 27 years old; Birth Place: Weipe Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	May 29, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

MAR 6 1967

MAY 31 1956

612-119-035-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-600
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rudolph Henry Wassmuth	2. Date Of Birth (month) July (day) 19 (year) 1912
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Greencreek, Idaho	b. City or Town of Birth: Greencreek
FATHER	6. Full Name of Father: Anthony Joseph Wassmuth	7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Ursula ~~Wassmuth~~ Schaefer	9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: R. H. Wassmuth; 11. Present Address of Registrant: Greencreek, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1956	12. Signature of Notary: Francis J. [illegible]; 13. Notary Commission expires: April 8 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: Anthony J. Wassmuth	Date issued: 5-25-56	Date Orig. Entry:
Class* B	Date of Birth: July 19 1912; Birth Place: Greencreek Idaho	Full Name of Mother: Ursula Schaefer	Name of Father: Anthony Joseph Wassmuth	
SUPPORTING RECORD 2.	Type of Document: church record	By whom issued and signed: Church of St. Anthony Greencreek, Idaho	Date issued: 5-14-56	Date Orig. Entry: baptized July 20, 1912
Class A	Date of Birth: July 19 1912; Birth Place: Greencreek Idaho	Full Name of Mother: Ursela Schaefer	Name of Father: Anthony Wassmuth	
SUPPORTING RECORD 3.	Type of Document: military record	By whom issued and signed: Army of the United States	Date issued:	Date Orig. Entry: inducted May 26, 1942
Class B	Date of Birth: July 19 1912; Birth Place: Greencreek Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	June 6, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 7 1956

766 218-24-562

RECEIVED
MAY 7 1956
Federal Security Agency
United States Public Health Service
Division of Vital Statistics

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO 6479

De56-604
State File No. 6479
Local Reg. No. 420
Reg. Dist. No. 420

1. PLACE OF BIRTH
a. COUNTY LINCOLN OR GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BLISS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) CLOVER CREEK

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE IDAHO b. COUNTY GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BLISS
d. STREET ADDRESS (If rural, give location) NONE

3. CHILD'S NAME (Type or print) a. (First) CORA b. (Middle) SYLVANIA c. (Last) HOBDEY

4. SEX FEMALE

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year) OCT. 10 1912

FATHER OF CHILD

7. FULL NAME a. (First) CHARLES b. (Middle) EDWARD c. (Last) HOBDEY

8. COLOR OR RACE WHITE

9. AGE (At time of this birth) 39 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town) MILWAUKEE

11a. USUAL OCCUPATION FARMER

11b. KIND OF BUSINESS OR INDUSTRY FARMER

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First) IDA b. (Middle) MAY c. (Last) SANDERS

13. COLOR OR RACE WHITE

14. AGE (At time of this birth) 29 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town) KETCHUM, IDAHO

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 2
c. How many children were stillborn (born dead after 20 weeks pregnancy)? NONE

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE J. E. Cromwell

18c. ADDRESS Gooding Idaho

18b. ATTENDANT AT BIRTH M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED 5-2-56

19. DATE REC'D BY LOCAL REG. 5-2-56

20. REGISTRAR'S SIGNATURE J. E. Cromwell

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(*This section MUST be filled out*)

22a. LENGTH OF PREGNANCY 40 WEEKS

22b. WEIGHT AT BIRTH — LBS. — OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [X]
Approximate date None registered 1912

Name prophylactic used to prevent Ophthalmia Neonatorum None.

DELAYED

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-48001

JUN 7 1956

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? No

Describe:.....

(2) Birth Injury? No

Describe:.....

(e) Signature of Physician:

J. H. Cummings

691-109-022-294

PLACE OF BIRTH

RECEIVED
JUL 25 1956
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St. Registration District No. ..... File No. De56-763

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Clair Gillard Fransen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	8	Yes	May 9 1912

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Lars Fransen	FULL MAIDEN NAME	Florence Kimball
RESIDENCE	Ashton Idaho	RESIDENCE	Ashton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Denmark	BIRTHPLACE	Paris Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Hargis
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 192....

Registrar.

Address Ashton Idaho

Filed July 25 1956 W. L. Benson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

AUG 2 1968

819-111-035-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-865
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emmett Francis Hartnett		2. Date Of Birth (month) aug (day) 11 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lewiston, Nez Perce b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Timothy Dennis Hartnett		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Janie M. Bennett		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emmett F. Hartnett	11. Present Address of Registrant: Ste. 1 Weiser Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 6, 1956	12. Signature of Notary: A. L. Merrell	13. Notary Commission expires: Jan. 1, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy No. GC5269	By whom issued and signed: Idaho Mutual Benefit Association	Date Issued:	Date Orig. Entry: March 1, 1939
Class*	Date of Birth: Aug 11,1912 / Birth Place: Lewiston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Social Security Number Application	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued:	Date Orig. Entry: July 23,1937
Class	Date of Birth: Aug 11,1912 / Birth Place: Lewiston, Idaho	Full Name of Mother: Jane Bennett	Name of Father: Timothy Dennis Hartnett	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Parents	By whom issued and signed: T. D. Hartnett Janie M. Hartnett	Date Issued: 8-20-1956	Date Orig. Entry: Aug 20,1956
Class	Date of Birth: Aug 11,1912 / Birth Place: Lewiston, Idaho	Full Name of Mother: Jane M. Hartnett	Name of Father: Timothy Dennis Hartnett	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: 8-22-1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 28 1956

Registrant's Full Name at Birth	2. Date of Birth	
3. Sex	5. Place of Birth	
6. Full Name of Father	7. State of Country of Father's Birth	
8. Full Maiden Name of Mother	9. State of Country of Mother's Birth	
10. Signature of Registrant	11. Present Address of Registrant	
12. Signature of Notary	13. Notary Commission expires	

SUPPORTING RECORD 1.	Type of Document: Ida. Ida. Date of Birth: Aug 27, 1912 Birth Place: Lewiston, Idaho	By whom issued and signed: Full Name of Mother	Date Issued / Date Orig. Entry / Name of Father
SUPPORTING RECORD 2.	Type of Document: Social Security Number Application Date of Birth: Aug 11, 1912 Birth Place: Lewiston, Idaho	By whom issued and signed: Treasury Department Internal Revenue Service Full Name of Mother: Jane Hartnett	Date Issued / Date Orig. Entry / Name of Father: Timothy Lennie Hartnett
SUPPORTING RECORD 3.	Type of Document: Certificate of Parents Date of Birth: Aug 11, 1912 Birth Place: Lewiston, Idaho	By whom issued and signed: J. D. Hartnett Jessie M. Hartnett Full Name of Mother: Jane M. Hartnett	Date Issued: 8-21-1956 / Date Orig. Entry: Aug 20, 1956 / Name of Father: Timothy Lennie Hartnett
QUALIFYING INFORMATION			

REGISTRAR CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
W. A. Bergman	Jesse D. Foltz	8-22-1956

Claims & Records are those made and dated at the time of the [illegible] Claims & Records are those [illegible] at least [illegible]

861-203-016-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-870
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EVALYN HOAGLAND
2. Date Of Birth (month) (day) (year): November 3 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Cassia County
b. City or Town of Birth:

FATHER

6. Full Name of Father: JOSEPH D. HOAGLAND
7. State or Country of Father's Birth: Salt Lake City, Utah

MOTHER

8. Full Maiden Name of Mother: EVERLINE PETTINGILL
9. State or Country of Mother's Birth: Elba, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evalyn Zarelli
11. Present Address of Registrant: 631 Chadbourne Ave. Millbrae, California

NOTARY (Seal)

Subscribed and sworn to before me on: July 16, 19 56
12. Signature of Notary: Louise M. Jones
13. Notary Commission expires: March 6 19 60

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: 562-32-8826 application for Social Security number
By whom issued and signed: Treasury Department Internal Revenue Service
Date Issued:
Date Orig. Entry: applied Sept. 14, 1943
Class* B
Date of Birth: November 3, 1912
Birth Place: Cassia County Idaho
Full Name of Mother: Eva Pettingill
Name of Father: Joseph D. Hoagland

SUPPORTING RECORD 2.

Type of Document: affidavit by older sister
By whom issued and signed: Melba Hoagland Fowler
Date Issued: 7-14-56
Date Orig. Entry:
Class B
Date of Birth: November 3, 1912
Birth Place: Cassia County Idaho
Full Name of Mother: Everline Pettingill
Name of Father: Joseph D. Hoagland

SUPPORTING RECORD 3.

Type of Document: Son's birth certificate
By whom issued and signed: California #31-11769
Date Issued: February 27, 1931
Date Orig. Entry:
Class B
Date of Birth: Age 18
Birth Place: Idaho
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: bw Verna Reisch
Date Filed: August 23, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State Bureau No. D656-870
Local Reg. No.
Reg. Dist. No.

CHILD	1. Registrant's Full Name of Birth: [illegible]	2. Date (month) (day) (year) Birth November 3 1916
Location where Birth is being registered	3. Color or Race (Mother) 4. Place of Birth (Mother) Cassia County	Rectify or Town of Birth
FATHER	5. Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	6. Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: Ely, Idaho
AFFIDAVIT	8. Person who upon oath that the above statement are true to the best of knowledge and belief.	10. Signature of Registrant: [illegible]
		12. Present Address of Registrant: [illegible]
NOTARY	11. Sworn to before me on [illegible]	13. Signature of Notary: [illegible]
		14. Notary Commission Expires: [illegible]

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Application for Social Security Number	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued / Date Orig. Entry: Applied Sept. 13, 19[illegible]
Class B	Date of Birth / Birth Place: [illegible]	Full Name of Mother	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Affidavit by older sister	By whom issued and signed: [illegible]	Date Issued / Date Orig. Entry: [illegible]
Class B	Date of Birth / Birth Place: November 3, 1916 / Cassia County, Idaho	Full Name of Mother: Lowerline [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: Sports [illegible] certificate	By whom issued and signed: [illegible] 381-11765	Date Issued / Date Orig. Entry: February [illegible], 1931
Class B	Date of Birth / Birth Place: Age 18 / Idaho	Full Name of Mother	Name of Father
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantially the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	by Verna Reisen	August 25, 1958

Class 2 Records are those made and dated before the Registrant's fourth birthday.
Class 3 Records are those made after the fourth birthday but not at least 3 years old.

419-218-033-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-881
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Mai		2. Date Of Birth (month) July (day) 18 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison; b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: William Mai		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Mary Katherine Mai		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Mai Fabrizius	11. Present Address of Registrant: Mitchell, Nebraska
NOTARY (Seal)	Subscribed and sworn to before me on: August 3 1956	12. Signature of Notary: R M Van Steenberg	13. Notary Commission expires: April 11 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary K. Mai	Date issued: July 1, 1956	Date Orig. Entry
Class* B	Date of Birth: July 18, 1912; Birth Place: Rexburg, Idaho	Full Name of Mother: Mary Katherine Mai	Name of Father: William Mai	
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: Red Lodge, Montana Mrs. Eva Cable	Date issued: Aug.31.42	Date Orig. Entry: 1920
Class B	Date of Birth: July 18, 1912; Birth Place: Rexburg, Idaho	Full Name of Mother: Mary Katherine Mai	Name of Father: William Mai	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: Bridges, Montana St. Paul Lutheran	Date issued: April 10,	Date Orig. Entry: 1927
Class B	Date of Birth: July 18, 1912; Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Verna Reisch	August 27, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

AUG 27 1953

256-204-014-339

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-899
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kathryn Eleanor Snodgrass		2. Date of Birth (month) (day) (year): Oct. 4 1912
	3. Color or Race: W	4. Sex: F.	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Lucian B. or Lewis B. Snodgrass		7. State or Country of Father's Birth: Fairfield, Iowa
MOTHER	8. Full Maiden Name of Mother: Ethel Claire Cline		9. State or Country of Mother's Birth: Wilkesville, Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kathryn Snodgrass	11. Present Address of Registrant: 668 - 19th St. Des Moines, Iowa.
NOTARY (Seal)	Subscribed and sworn to before me on: July 11th 1956	12. Signature of Notary: V. E. Caelins	13. Notary Commission expires: July 4 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Newspaper Record	By whom issued and signed: Caldwell Tribune Caldwell, Idaho	Date Issued: Oct.1912	Date Orig. Entry:
Class* B	Date of Birth: Oct.4,1912 / Birth Place: Caldwell, Ida.	Full Name of Mother: Mrs. L. B. Snodgrass	Name of Father: L. B. Snodgrass	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Iowa Department of History and Archives	Date Issued: July 5,56	Date Orig. Entry: Apr. 14,1925
Class B	Date of Birth: Age 12 / Birth Place: Caldwell, Idaho	Full Name of Mother: Ethel C. Snodgrass	Name of Father: Lucian B. or Lewis B. Snodgrass	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Floyd A. Davis Knoxville Public school	Date Issued: August 24, 1956	Date Orig. Entry:
Class B	Date of Birth: October 4, 1912 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	vr Verna Reisch	August 31,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 cpy pd.

Form DPH 49067

AUG 31 1956

493-220-028-593

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1056
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY-ELIZABETH-MILLER.	2. Date Of Birth (month) August (day) 20 (year) 1912
	3. Color or Race: WHITE. 4. Sex: FEMALE 5. Place of Birth a. County: Kootnie County b. City or Town of Birth: COEUR D'ALENE, IDAHO 10-Miles out of Coeur D'Alene, Idaho	
FATHER	6. Full Name of Father: MATHIAS-MILLER.	7. State or Country of Father's Birth: WASHINGTON.
MOTHER	8. Full Maiden Name of Mother: EUNICE GRACE-NICKOLS.	9. State or Country of Mother's Birth: CONNETICUTT
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary C. Harty
		11. Present Address of Registrant: 1700 Villa St. Mtn. View Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: August 6 1956	12. Signature of Notary: William L Muir
		13. Notary Commission expires: June 11 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Social Security Record	By whom issued and signed: Internal Revenue Service Treasury Department	Date issued: January 14, 1937	Date Orig. Entry
	Date of Birth: August 20, 1912 Birth Place: Idaho Coeur d'Alene,	Full Name of Mother: Eunice Grace Nickols	Name of Father: Mathias Miller	
SUPPORTING RECORD 2. Class B	Type of Document: Child's certificate of Birth-Hospital Record	By whom issued and signed: Sacred Heart Hospital Spokane, Washington	Date issued: Aug. 2, 1940	Date Orig. Entry
	Date of Birth: Aug.20,1912 Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by mother	By whom issued and signed: Eunice G. Miller	Date issued: September 11, 1956	Date Orig. Entry
	Date of Birth: August 20, 1912 Birth Place: Idaho Coeur d'Alene,	Full Name of Mother: Eunice Grace Nickols	Name of Father: Mathias Miller	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	vr Verna Wilson	Oct. 10,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

231-20-043 [illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 12 1956

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1065
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Name at Birth: IRVIN WILLIAM STARR
2. Date of Birth: (month) 6 (day) 20 (year) 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Valley; b. City or Town of Birth: McCall

FATHER

6. Full Name of Father: Elden Gilbert Starr
7. State or Country of Father's Birth: ILLINOIS

MOTHER

8. Full Maiden Name of Mother: MARIE Helen Koch
9. State or Country of Mother's Birth: GERMANY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irvin William Starr
11. Present Address of Registrant: P.O. Box 103 Glenns Ferry, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 4 1956
12. Signature of Notary: George F. Roberson
13. Notary Commission expires: Feb 20 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Child's birth certificate	Boise, Idaho Idaho File #305856	December	22, 1940
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 28 / McCall, Idaho			
SUPPORTING RECORD 2. Class B	Affidavit by friend	Joe Bennett	September 11, 1956	
	June 20, 1912 / McCall, Idaho	Marie Helen Starr (Koch)	Elden Gilbert Starr	
SUPPORTING RECORD 3. Class B	Insurance Policy	Boise, Idaho Idaho Mutual Benefit	6-8-50	
	June 20, 1912 / McCall, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Jameson
Evidence reviewed by: VW Verna Wilson
Date Filed: Oct. 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 12 1956

454-212-028 [illegible] DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

APR 21 1955
Division of Vital Statistics

STATE OF IDAHO

State File No. De56-1124
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elizabeth Carolyn Underwood
2. Date Of Birth: (month) July (day) 12 (year) 1912
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Plummer, Kootnia, Idaho
b. City or Town of Birth: Plummer Idaho

FATHER

6. Full Name of Father: John Griffith Underwood
7. State or Country of Father's Birth: Center County Pennsylvainia

MOTHER

8. Full Maiden Name of Mother: Della Elizabeth Downey
9. State or Country of Mother's Birth: Dark County Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Betty C. Cutbanks
11. Present Address of Registrant: 618 Catherine Ave Walla Walla Washington

NOTARY (Seal)

Subscribed and sworn to before me on April 18 1955

12. Signature of Notary: Lillie B Nicholas
13. Notary Commission expires: Feb 22 1957

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by mother	Mrs. J. G. Underwood	Apr. 18,	1955
	Date of Birth / Birth Place	**Full Name of Father**	**Name of mother**	
	July 12, 1912, Plummer	John Griffith Underwood	Della E. Underwood	
SUPPORTING RECORD 2. Class B	Marriage License	Walla Walla, Washington Geraldine Fredrickson-Deputy	Sept.7,56	June 7, 1932
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age 19 Plummer, Idaho	Della Downey	John G. Underwood	
SUPPORTING RECORD 3. Class B	Family Record	John G. Underwood	Obviously old. Photocopy	of record.
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July 12, 1912 Kootenai County, Idaho	Della Elizabeth Downey	John Griffith Underwood	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	VW Verna Wilson	Oct. 29, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PHS [illegible]

OCT 30 1956

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

✓ 003-211-022-211

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No. De56-1164
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Ashton
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS County ..... years ..... months ..... days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street address or R. F. D. No.
(e) How long has MOTHER lived in Idaho? 41 yrs.
(f) Mother's mailing address (for registration notice): Ashton Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Margaret Elsie Hollingsworth

5. DATE OF BIRTH (Month, day, year) 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9 11

FATHER OF CHILD

10. FULL NAME Howard Hollingsworth
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ogden Utah (City or Town) (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Pauline Sjarring
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lake Preston So Dakota (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes ..... No ✓ Approximate date 1
23. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
24. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ruby Hollingsworth (First name) (Last name) who is related to this child as Mother (Mother, etc.)

27. (a) ..... (Date received) (b) ..... (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. Attendant's OWN signature E. L. Hargis, M. D. (D.O., Midwife, etc.)
and address Ashton Idaho Date June 21 1953

NOV 30 1956

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

DEC 4 1956

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication:.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury?.....

Describe: .....

(e) Signature of Physician:

.....

635-123 023-25

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 17 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1272
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sigurd, Arthur Oleson		2. Date Of Birth (month) (day) (year): March 23 1912
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Moscow, Idaho-Latah; b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: Sam C. Oleson		7. State or Country of Father's Birth: Iowa- Webster Co.
MOTHER	8. Full Maiden Name of Mother: Anna Marie Berkland		9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sigurd arthur Oleson	11. Present Address of Registrant: Walla Walla, Washington 26 Frances Drive
NOTARY (Seal)	Subscribed and sworn to before me on: ~~November 15,~~ Oct 12-1956 ~~1955~~	12. Signature of Notary: E.R. Lumallen	13. Notary Commission expires: Oct 25 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Insurance Policy	By whom issued and signed: Iowa Life Insurance Co.	Date issued: May 2, 1945	Date Orig. Entry:
	Date of Birth: March 23, 1912	Birth Place: Moscow, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Family Bible Record	By whom issued and signed: Alvin Berkeland Oleson	Date issued: Original	Date Orig. Entry: record viewed by Notary.
	Date of Birth: March 23, 1912	Birth Place:	Full Name of Mother: Anna M. Oleson	Name of Father: Sam C. Oleson
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by Father	By whom issued and signed: Sam C. Oleson	Date issued: Dec. 7, 1956	Date Orig. Entry:
	Date of Birth: Mar. 23, 1912	Birth Place: Moscow, Idaho	Full Name of Mother: Anna Marie Berkland	Name of Father: Sam C. Oleson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	vw Shirley Straubhar	Dec. 13,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 10 1957

MAY 3-9 1973

317-130-028-2K4

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 16 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1295
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Julian Delow Lapp		2. Date of Birth: (month) June (day) 30 (year) 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Kootenai	b. City or Town of Birth: Lane
FATHER	6. Full Name of Father: Albert Alford Lapp		7. State or Country of Father's Birth: Ontario, Canada	
MOTHER	8. Full Maiden Name of Mother: Lillie May Sumner		9. State or Country of Mother's Birth: Vermont	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Julian Delow Lapp	11. Present Address of Registrant: Lane Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 20 1956	12. Signature of Notary: Robert L Beare.	13. Notary Commission expires: oct 16 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by mother	By whom issued and signed: Lillie May Lapp	Date Issued: September 8, 1956	Date Orig. Entry
	Date of Birth: June 30, 1912 / Birth Place: Lane, Idaho	Full Name of Mother: Lillie May Lapp	Name of Father: Albert Alford Lapp	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Great Western Mutual Association	Date Issued: June 25, 1947	Date Orig. Entry
	Date of Birth: June 30, 1912 / Birth Place: Lane, Idaho	Full Name of Mother: Lillie Lapp	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Application for Social Security Account Number	By whom issued and signed: U.S. Treasury Dept. Internal Revenue Service	Date Issued:	Date Orig. Entry: 6/8/39
	Date of Birth: June 30, 1912 / Birth Place: Lane, Idaho	Full Name of Mother: Lillie Sumners	Name of Father: Albert Lapp	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: VR Shirley Straubhar	Date Filed: Dec. 28, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

DEC 28 1958

335-216-030-794

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-032

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Deola Cleveland
2. Date Of Birth (month) (day) (year): June 16 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: May Idaho Lemhi
b. City or Town of Birth: May Idaho

FATHER

6. Full Name of Father: Willie Luther Cleveland
7. State or Country of Father's Birth: Bradley Co. Tennessee

MOTHER

8. Full Maiden Name of Mother: Myrtle Grubb
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Deola Groves
11. Present Address of Registrant: R#4-130x50-Boise Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: January 11 1957

12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible	By whom issued and signed: Bible Record is Grandmother-Obviously old.	Date Issued: Prepared at time of birth. Viewed by Vital Statistics	Date Orig. Entry
	Date of Birth: June 16, 1912 / Birth Place: May, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father	By whom issued and signed: Willie Luther Cleveland	Date Issued: January 11, 1957	Date Orig. Entry
	Date of Birth: June 16, 1912 / Birth Place: May, Idaho	Full Name of Mother: Myrtle Grubb	Name of Father: Willie Luther Cleveland	
SUPPORTING RECORD 3.	Type of Document: Child's Birth Certificate	By whom issued and signed: State of Idaho #198766	Date Issued: Date of Child's Birth December 25, 1931	Date Orig. Entry
	Date of Birth: Age 19 / Birth Place: Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Cooper	January 11, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 14 1957

391-29.001 -336

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-063

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Goldie Leona Tracy
2. Date of Birth (month) (day) (year): Dec. 29. 1912
3. Color or Race: W.
4. Sex: F
5. Place of Birth a. County: Leona Idaho
   b. City or Town of Birth: Leona Idaho

FATHER

6. Full Name of Father: L. B. Tracy
7. State or Country of Father's Birth: Minn

MOTHER

8. Full Maiden Name of Mother: Elizabeth A. Clouse
9. State or Country of Mother's Birth: N. D.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Goldie Kelley
11. Present Address of Registrant: Marysville Wash

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 14 1956
12. Signature of Notary: Theodora S DuBois
13. Notary Commission expires: Feb. 7 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License	Washington #8852		May 15, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 18	Idaho	Elizabeth Clouse	L. B. Tracey

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Daughter's Birth cert.	Washington #70597	11/16/56	Child born on Apr. 10, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 26	Leona, Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt	Mary Clouse Baker	1/15/57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 29, 1912	Leona, Idaho	Elizabeth Ann Clouse Tracy	L. B. Tracy

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	ss Shirley Straubhar	Jan. 25, 1957

FORM BH 56067

1 copy paid

JAN 25 1957

259-213-004-165

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-085
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Gaye Bergman			2. Date Of Birth: (month) Dec. (day) 13 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Idaho Bear Lake	b. City or Town of Birth: Montpelier	
FATHER	6. Full Name of Father: Fred Herbert Bergman			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Maude Ella Jones			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Bernice H. Parrish	11. Present Address of Registrant: Eagle, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 30 1956		12. Signature of Notary: J. N. Latch	13. Notary Commission expires: November 1 1956	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Maude Bergman Mitchell	Date Issued: Sept. 24, 1956	Date Orig. Entry:
Class*	Date of Birth: December 13, 1912	Birth Place: Montpelier, Ida.	Full Name of Mother: Maude E. Jones	Name of Father: Fred H. Bergman	
SUPPORTING RECORD 2.	Type of Document: Child's Birth Certificate		By whom issued and signed: State of Idaho , #322350	Date Issued: Child's Birthdate September 30, 1941	Date Orig. Entry:
Class	Date of Birth: Age 28	Birth Place: Montpelier, Ida.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Department of Commerce	Date Issued: Census of 1930	Date Orig. Entry:
Class	Date of Birth: Age 17	Birth Place:	Full Name of Mother: Maude Bergman	Name of Father: Fred Bergman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Cooper	January 29, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECEASED

249-105-010-655

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-105

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM HOWARD BURTON			2. Date Of Birth (month) September (day) 5 (year) 1912
	3. Color or Race: Cau	4. Sex: Male	5. Place of Birth a. County: IRWIN, IDAHO, BONNEVILLE	b. City or Town of Birth: IRWIN
FATHER	6. Full Name of Father: WILLIAM BURTON			7. State or Country of Father's Birth: SOUTHHAMPTON, ENGLAND
MOTHER	8. Full Maiden Name of Mother: ELIZA WEEKS			9. State or Country of Mother's Birth: SMITHFIELD, UTAH, USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William H Burton		11. Present Address of Registrant: Hq Sq. 317th Trp Carr Wg (M) APO 13, New York, N.Y.
NOTARY (Seal)	Subscribed and sworn to before me on 31 January 19 57	12. Signature and Title: Wayne M. Hancock WAYNE M. HANCOCK 1s/Lt USAF (JUDGE ADVOCATE)		13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister	By whom issued and signed: Mary Burton Allen	Date Issued: 1-16-57	Date Orig. Entry:
	Date of Birth: Sept. 5, 1912 / Birth Place: Irwin, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Discharge Papers	By whom issued and signed: Air Separation Base Gowen Field, Idaho	Date Issued:	Date Orig. Entry: 11-28-45
	Date of Birth: Sept. 5, 1912 / Birth Place: Irwin, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Statement of Personal History	By whom issued and signed: U.S. Air Force	Date Issued: 11-19-52	Date Orig. Entry:
	Date of Birth: Sept. 5, 1912 / Birth Place: Bonneville Co., Irwin, Idaho	Full Name of Mother: Eliza Weeks	Name of Father: William Burton	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D W Barnum	Evidence reviewed by: Shirley Straubhar		Date Filed: Feb. 5, 1957

FORM BH 56067 1 copy Paid

362-20-[illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 24 1956

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-138
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Elizabeth Cobb		2. Date of Birth: (month) July (day) 1 (year) 1912	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Twin Falls County	b. City or Town of Birth: Filer
FATHER	6. Full Name of Father: Lewis Granger Cobb		7. State or Country of Father's Birth: Massachusetts, USA	
MOTHER	8. Full Maiden Name of Mother: Florence Lettice Berryman		9. State or Country of Mother's Birth: Canada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris Elizabeth Sierer	11. Present Address of Registrant: Rt. 1 Filer, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 19 56	12. Signature of Notary: Jack F. Ramsey	13. Notary Commission expires: May 24, 19 58	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Friend present at birth	By whom issued and signed: Freda Blass	Date Issued: 1-17-57	Date Orig. Entry:
Class* B	Date of Birth: July 1, 1912 / Birth Place: Filer, Idaho	Full Name of Mother: Florence Lettice Cobb	Name of Father: Lewis G. Cobb	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: The Mutual Life Insurance Company	Date Issued:	Date Orig. Entry: July 18, 1934
Class B	Date of Birth: July 1, 1912 / Birth Place: Filer, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Photostatic copy of Family Bible Record	By whom issued and signed: Original viewed by Notary Public Leah Cedarholm	Date Issued: 2-7-57	Date Orig. Entry:
Class B	Date of Birth: July 1, 1912 / Birth Place:	Full Name of Mother: Florence Lettice	Name of Father: Lewis Granger	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Brown	Evidence reviewed by: ss Shirley Straubhar	Date Filed: Feb. 13, 1957	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 14 1957

314-102 1002-533

Department of Public Health
Division of Vital Statistics
Boise, Idaho

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OCT 4 - 956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-194
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Ellis Arthur Campbell	2. Date Of Birth (month) June (day) 2 (year) 1912	
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Adams	b. City or Town of Birth: Meadows	
FATHER	6. Full Name of Father: Arthur Charles Campbell	7. State or Country of Father's Birth: Meadows, Idaho	
MOTHER	8. Full Maiden Name of Mother: Alice E. Ellis	9. State or Country of Mother's Birth: Bannock, Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellis Arthur Campbell	11. Present Address of Registrant: Box 365, Bonners Ferry, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 26 1956	12. Signature of Notary: Alice L. Kruegel	13. Notary Commission expires: NOTARY PUBLIC for the State of Idaho residing at Bonners Ferry, Idaho 19 My commission expires May 31, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Mother	By whom issued and signed: Alice E. Campbell	Date Issued: July 30, 1956	Date Orig. Entry:
	Date of Birth: June 2,1912; Birth Place: Meadows,Ida.	Full Name of Mother: Alice E. Ellis	Name of Father: Arthur Charles Campbell	
SUPPORTING RECORD 2. Class B	Type of Document: Application for Social Security Account No.	By whom issued and signed: U.S. Treasury Dept,	Date Issued: 3-22-1937	Date Orig. Entry:
	Date of Birth: June 2, 1912; Birth Place: Meadows, Idaho	Full Name of Mother: Alice Eliza Ellis	Name of Father: Arthur Charles Campbell	
SUPPORTING RECORD 3. Class B	Type of Document: Daughter's birth cert.	By whom issued and signed: Idaho #231094	Date Issued: 2-6-57	Date Orig. Entry: Child born 4-24-1935
	Date of Birth: age 22; Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	vr Shirley Straubhar	Feb. 27, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DUPLICATE CERTIFICATE OF BIRTH

STATE OF IDAHO

1951 23 [illegible]

1. NAME	a. First	b. Middle	c. Last
	Phyllis	Arthur	Campbell
2. SEX	Female		
3. DATE OF BIRTH (Month, Day, Year)	June 2, 1912		
4. PLACE OF BIRTH	a. County: Adams	b. City or Town: Meadows	
5. FULL NAME OF FATHER	Arthur Charles Campbell		
6. FULL MAIDEN NAME OF MOTHER	Alice E. Ellis		
7. STATE OR COUNTRY OF MOTHER'S BIRTH	Meadows, Idaho		
8. STATE OR COUNTRY OF FATHER'S BIRTH	Meadows, Idaho		
9. PERSONAL ADDRESS OF INFORMANT	[illegible]		
10. SIGNATURE OF INFORMANT	[illegible]		
11. SIGNATURE OF NOTARY	[illegible]		
12. DATE SIGNED	July 30, 1956		
13. DATE FILED BY REGISTRAR	[illegible]		

[illegible]

[illegible]

[illegible]

789-209-015-618

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-250
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Elizabeth Phillips		2. Date of Birth (month) Jan. (day) 9 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Isaac William Phillips		7. State or Country of Father's Birth: Lampasas, Texas	
MOTHER	8. Full Maiden Name of Mother: Margaret Mable Waylett		9. State or Country of Mother's Birth: Oneida, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah Nielsen	11. Present Address of Registrant: 524 W. Gould St., Pocatello	
NOTARY (Seal)	Subscribed and sworn to before me on: March 5 1957	12. Signature of Notary: A. D. Brumhall	13. Notary Commission expires: Sept. 30 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Father	By whom issued and signed: Isaac William Phillips	Date Issued: 12-10-56	Date Orig. Entry:
	Date of Birth: Jan. 9, 1912	Birth Place: Caribou Co., Soda Springs	Full Name of Mother: Margaret Mabel Waylett Phillips	Name of Father: Isaac William Phillips
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Class A Dist. No. 25 Pocatello, Idaho	Date Issued: 11-17-56	Date Orig. Entry: 9-10-1923
	Date of Birth: Jan. 9, 1912	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: Son's Birth Certificate	By whom issued and signed: Idaho #202746	Date Issued:	Date Orig. Entry: Child born June 4, 1932
	Date of Birth: age 20	Birth Place: Soda Springs, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Shirley Straubhar	Date Filed: Mar. 12, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

MAR 12 1957

REGISTRAR: 1. Registrant's Full Name at Birth
(Person who is Birth Is Being Registered)

2. Date (month) (day) (year)
Birth [illegible]

3. Color or Race 4. Sex 5. Place of Birth (County) 6. City or Town of Birth

FATHER: 6. Full Name of Father 7. State or Country of Father's Birth

MOTHER: 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth

AFFIDAVIT: 10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant 11. Present Address of Registrant

SUBSCRIBED: 12. Signature of Notary 13. Notary Commission expires

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1: Type of Document | By whom issued and signed | Date issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

SUPPORTING RECORD 2: Type of Document | By whom issued and signed | Date issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

SUPPORTING RECORD 3: Type of Document | By whom issued and signed | Date issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

COMMENTS

CERTIFICATE OF BIRTH

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar | Evidence reviewed by | Date Filed

Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

866-226-043-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-262

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Helen Theresa Hoff
2. Date of Birth (month) (day) (year): March 26 1912
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: McCall (home) Valley; b. City or Town of Birth: McCall

FATHER

6. Full Name of Father: Theodore Hoff
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Hannah I. Hoff
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen H. Frye
11. Present Address of Registrant: Horseshoe Bend, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 25 1957
12. Signature of Notary: Jean L. Quinn
13. Notary Commission expires: 7-19 1959

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Type of Document: Affidavit by Father	By whom issued and signed: Theodore Hoff	Date Issued: 2-25-57	Date Orig. Entry:	
Date of Birth: Mar. 26, 1912	Birth Place: McCall, Idaho	Full Name of Mother: Hannah I. Hoff	Name of Father: Theodore Hoff	
SUPPORTING RECORD 2. Type of Document: Passport	By whom issued and signed: U.S. of America Dept. of State	Date Issued: 6-23-37	Date Orig. Entry:	
Date of Birth: Mar. 26, 1912	Birth Place: McCall, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Type of Document: Identity Card	By whom issued and signed: France	Date Issued: 8-3-37	Date Orig. Entry:	
Date of Birth: Mar. 26, 1912	Birth Place: McCall, Idaho U.S.A.	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ss Shirley Straubhar	Mar. 12, 1957

FORM BH 56067

MAY 15 1974

MAR 14 1957

DELAYED

DUP OF 1911-3492/ 1911 OR 1912

546-123-006-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-294

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorenzo Hadley Edwards			2. Date Of Birth (month) Sept (day) 23 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot, Idaho
FATHER	6. Full Name of Father: Robert Andrew Edwards			7. State or Country of Father's Birth: Ogden, Utah
MOTHER	8. Full Maiden Name of Mother: Lydia Hannah Stephens			9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorenzo Hadley Edwards		11. Present Address of Registrant: Rt. #2, Meridian, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 2-15 1957	12. Signature of Notary: D W E Mayes		13. Notary Commission expires: 10-10- 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: INSURANCE POLICY	By whom issued and signed: IDAHO MUTUAL BENEFIT ASSOCIATIONGH3857-3	Date Issued: 3-17-1947	Date Orig. Entry:
	Date of Birth: Sept 23,1912	Birth Place: Blackfoot, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Lydia Hannah Edwards	Date Issued: 2-11-57	Date Orig. Entry:
	Date of Birth: Sept 23,1912	Birth Place: Blackfoot, Idaho	Full Name of Mother: Lydia Hannah Stephens Edwards	Name of Father: Robert Andrew Edwards
SUPPORTING RECORD 3.	Type of Document: History of Idaho	By whom issued and signed: Published in 1920	Date Issued:	Date Orig. Entry: 1920
	Date of Birth: Sept 23,1912	Birth Place: Idaho	Full Name of Mother: Lydia H. Stephens	Name of Father: Robert A. Edwards
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	March 22, 1957

FORM BH 56067

MAR 25 1957

168-226-014-795

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De57-335
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Faye Johnson
2. Date Of Birth (month) Feb (day) 26 (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Nyssph Flats or Nampa

FATHER

6. Full Name of Father: Omer Elvin Johnson
7. State or Country of Father's Birth: Christian Cty - Illinois

MOTHER

8. Full Maiden Name of Mother: Leta Lillian Green
9. State or Country of Mother's Birth: Christian Cty, Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Faye Proctor
11. Present Address of Registrant: Grass Lake, Mich

NOTARY (Seal)

Subscribed and sworn to before me on: Sept -20- 1956
12. Signature of Notary: L.A. Mark
13. Notary Commission expires: April-8 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: Application for Social Security Account Number		By whom issued and signed: Treasury Department	Date Issued:	Date Orig. Entry: 1-13-53
	Date of Birth: 2-26-12	Birth Place: Nampa, Idaho Canyon County	Full Name of Mother: Leta Lilly Green	Name of Father: Omer Hayward Johnson	
SUPPORTING RECORD 2. Class_____	Type of Document: certified copy son's birth certificate		By whom issued and signed: Michigan Dept. of Health	Date Issued: 11-8-56	Date Orig. Entry: 3-26-40 son born
	Date of Birth: age 28	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class_____	Type of Document: family record		By whom issued and signed:	Date Issued:	Date Orig. Entry: shortly after birth
	Date of Birth: 2-26-12	Birth Place: Idaho Canyon County	Full Name of Mother: Leta Lily Green Johnson	Name of Father: Omer Elsen Johnson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	4-1-57

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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Form DPH 49067

APR 1 1967

845-22/-038-343

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-411
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hellen Claire Hunter
2. Date Of Birth (month) (day) (year): October 21 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Payette
b. City or Town of Birth: Fruitland

FATHER

6. Full Name of Father: Dorton Daniel Hunter
7. State or Country of Father's Birth: Brookville, Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Ida Bell Luther
9. State or Country of Mother's Birth: Corsica, Pennsylvania

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hellen Claire Hunter
11. Present Address of Registrant: Rt. 4 Box 265, Roseburg, Oreg.

NOTARY (Seal)

Subscribed and sworn to before me on: April 1 1957
12. Signature of Notary: Libby D. Endicott
13. Notary Commission expires: February 12 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class* B	Affidavit by Mother	October 21, 1912	Fruitland, Idaho	Ontario, Oregon Ida Bell Hunter	Ida Bell Luther	August 20, 1956		Dorton Daniel Hunter
SUPPORTING RECORD 2. Class B	Application for Social Security Account Number	Oct. 21, 1912	Payette Co. Fruitland, Idaho	Treasury Department	Ida Belle Luther		Aug. 1, 1949	Dorton Daniel Hunter
SUPPORTING RECORD 3. Class B	School Record	age 7	---	Class B School Dist. No. 373 Fruitland, Idaho	---	9-26-56	September, 1920	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: vr nr Nancy Richards
Date Filed: April 17, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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Form DPH #0067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

APR 17 1957

REGISTRARY

1. Full Name at Birth: [illegible]
2. Date of Birth (month) (day) (year): October 21 1912
3. Color or Race: [illegible]
4. Sex: [illegible]
5. Place of Birth: [illegible]
6. City or Town of Birth: Fruitland

FATHER

7. Full Name of Father: Dorton Daniel Hunter
8. State or Country of Father's Birth: Brookville, Pennsylvania

MOTHER

9. Full Maiden Name of Mother: Ida Bell Hunter
10. State or Country of Mother's Birth: Corsica, Pennsylvania

AFFIDAVIT

11. Present Address of Registrant: [illegible]
12. Signature of Registrant: [illegible]
13. Notary Commission expires: [illegible]

NOTARY (Seal)

14. Subscribed and sworn to before me on: [illegible]
15. Signature of Notary: [illegible]

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	[illegible] Ida Bell Hunter	August 20, 1956	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible]		[illegible]	

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	Treasury Department	Aug. 1, [illegible]	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible] Co. Fruitland, Idaho	[illegible]	Dorton Daniel Hunter	

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	[illegible] School Dist. No. 373 [illegible]	[illegible]	September [illegible]
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible]	---	---	

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been filed in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed which substantiates the facts as set forth in the [illegible] Direct.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	April 17, 1957

Notes: [illegible] the registrant's [illegible] birthday.
[illegible] records are [illegible] the fourth birthday but are at least 5 years [illegible]

293-118-039-253

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De57-416
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wayne Waldo Kite		2. Date of Birth (month) (day) (year): September 18 1912
	3. Color or Race: Caucasion	4. Sex: Male	5. Place of Birth a. County: Power; b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Arther Thomas Kite		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Se tzer		9. State or Country of Mother's Birth: Nebr a ska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne W. Kite	11. Present Address of Registrant: 505 Reynolds Drive, Petalum a, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: April 29 1956	12. Signature of Notary: Isabel Starke Minor, NOTARY PUBLIC in and for the County of Sonoma, State of California	13. Notary Commission expires: March 27 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: military record	By whom issued and signed: United States Navy	Date Issued:	Date Orig. Entry: enlisted Jan. 14, 1944
	Date of Birth: September 18, 1912 / Birth Place: American Falls Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: 546-30-6139 application for Social Security number	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued:	Date Orig. Entry: applied Oct. 26, 1942
	Date of Birth: September 18, 1912 / Birth Place: American Falls, Power County, Idaho	Full Name of Mother: Mary Elizabeth Setzer	Name of Father: Arthur Thomas Kite	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by mother	By whom issued and signed: Mary E. Kite	Date Issued: 2-4-57	Date Orig. Entry:
	Date of Birth: Sept. 18, 1912 / Birth Place: American Falls, Idaho	Full Name of Mother: Mary E. Kite	Name of Father: Arthur T. Kite	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. B. Benson	Evidence reviewed by: bw Nancy Richards		Date Filed: April 17, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT	1. Registrant's Full Name at Birth: Lynn Hello Kite	2. Date of Birth: September 13, 1942
Person whose birth is being registered	3. Color or Race: Caucasian; 4. Sex: Male; 5. Place of Birth: Power; 6. County:	7. Town of Birth: American Falls
FATHER	8. Full Name of Father: Arthur Thomas Kite	9. State or Country of Father's Birth: Nebraska
MOTHER	9. Full Maiden Name of Mother: Mary Elizabeth Metzer	10. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: 5[illegible] Reynolds Drive, Vallejo, Calif.
MOTHER (Sign)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Military record	By whom issued and signed: United States Navy	Date Issued	Date Orig. Entry: Jan. [illegible], 1944
	Date of Birth, Birth Place: [illegible]	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document: [illegible] Social Security number	By whom issued and signed: Treasury Department, Internal Revenue Service	Date Issued	Date Orig. Entry: Apr. [illegible], 1942
	Date of Birth, Birth Place: September [illegible] 1942, Power County	Full Name of Mother: Idaho Mary Elizabeth Metzer	Name of Father: Arthur Thomas Kite	
SUPPORTING RECORD 3	Type of Document: Affidavit by mother	By whom issued and signed: Mary E. Kite	Date Issued: [illegible]	Date Orig. Entry
	Date of Birth, Birth Place: Oct. 13, 1942, American Falls, Idaho	Full Name of Mother: Mary E. Kite	Name of Father: Arthur E. Kite	
SUBSTITUTE INFORMATION				

REGISTRATION CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the Application Request.

State Registrar	Evidence reviewed by: Mrs. Nancy Nicholls	Date Filed: April 17, 1957

STATE OF IDAHO

363-207-003-395

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 11 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-469
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wanda Cottrell	2. Date Of Birth (month) July (day) 7 (year) 1912
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: R F D #2; a. County: Bannock	b. City or Town of Birth: Downey, R F D #2, Bannock County
FATHER	6. Full Name of Father: William J. Cottrell	7. State or Country of Father's Birth: Kaysville, Utah
MOTHER	8. Full Maiden Name of Mother: Mary Elena Treasure	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wanda Hunt (Nee Cottrell)
		11. Present Address of Registrant: 2318 O. St. apt 8. Sacramento, California
NOTARY (Seal)	Subscribed and sworn to before me on: 6 September 1956	12. Signature of Notary: Lee C. Jacobson
		13. Notary Commission expires: Notary Public in and for the County of Sacramento, State of California. My Commission expires 27 June 1960.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt		By whom issued and signed: Leona Treasure Smith	Date issued: Sept.29,56	Date Orig. Entry:
Class* B	Date of Birth: July 7, 1912	Birth Place: Downey, Idaho	Full Name of Mother: Mary Elena Treasure	Name of Father: William J. Cottrell	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Second Ward; Sacramento Stake L.D.S.	Date issued: 12-16-56	Date Orig. Entry: 7-1-1922
Class B	Date of Birth: July 7, 1912	Birth Place: Bannock Co., Downey, Idaho	Full Name of Mother: Mary E. Treasure	Name of Father: William Cottrell	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Metropolitan Life Ins. Co.	Date issued: 8-29-49	Date Orig. Entry: Aug. 3, 1949
Class B	Date of Birth: July 7, 1912	Birth Place: Downey, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. L. Benson	SS VW Nancy Richards	April 29, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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Form DPH 49067

APR 30 1957

JUL 13 1976

451-114-024-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-491

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leon James Deasy		2. Date Of Birth (month) April (day) 14 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gooding; b. City or Town of Birth: Gooding
FATHER	6. Full Name of Father: William J Deasy		7. State or Country of Father's Birth: Soldier Camas County Idaho
MOTHER	8. Full Maiden Name of Mother: Catherine Mildred Gelskey		9. State or Country of Mother's Birth: St Paul Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leon James Deasy	11. Present Address of Registrant: Bliss Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 22, 1957 19	12. Signature of Notary: [signature]	13. Notary Commission expires: Dec. 12, 1959 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record Certificate of Baptism		By whom issued and signed: Church of St. Peter, Shoshone	Date issued: 3-5-57	Date Orig. Entry: May 15, 1912
	Date of Birth: April 14, 1912	Birth Place: Gooding, Idaho	Full Name of Mother: Catherine Gelskey	Name of Father: Wm. Deasy	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account Number		By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Oct. 12, 1937
	Date of Birth: April 14, 1912	Birth Place: Gooding, Idaho	Full Name of Mother: Katherine Mildred Gelsky	Name of Father: William Jennings Deasy	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Pioneer Mutual Life Ins. Co.	Date issued: 10-18-48	Date Orig. Entry: Oct. 1, 1948
	Date of Birth: April 14, 1912	Birth Place: Gooding Co. Gooding, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	May 8, 1957

FORM BH 56067

STATE OF IDAHO

DERIVED CERTIFICATE OF BIRTH

419-204-039-239

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-537
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leona Katherine Martens			2. Date Of Birth (month) Sept (day) 4th (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: American Falls Power	b. City or Town of Birth: American Falls, Idaho	
FATHER	6. Full Name of Father: Herman C. Martens			7. State or Country of Father's Birth: Dodge Co. Scribner, Nebraska	
MOTHER	8. Full Maiden Name of Mother: Alwina E. Martens (Stroh)			9. State or Country of Mother's Birth: McLean County, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona K. Martens		11. Present Address of Registrant: 1414 S. Hope Street, Los Angeles 15, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 15 19 57	12. Signature of Notary: Verna Fowler		13. Notary Commission expires: July 17th 19 60	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by parents	By whom issued and signed: Herman C. Martens, Alwina E. Martens		Date Issued: 4-15-57	Date Orig. Entry:
	Date of Birth: Sept. 4, 1912	Birth Place: Power County, American Falls, Ida.	Full Name of Mother: Alwina Stroh Martens	Name of Father: Herman C. Martens	
SUPPORTING RECORD 2. Class A	Type of Document: Baptismal Certificate	By whom issued and signed: Evang. Luth. Church, American Falls, Ida.		Date Issued:	Date Orig. Entry: Sept. 15, 1912
	Date of Birth: Sept. 4, 1912	Birth Place: American Falls, Ida.	Full Name of Mother: Alwina Stroeh	Name of Father: Herman Martens	
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Policy	By whom issued and signed: Lutheran Mutual Life Ins. Co.		Date Issued: 9-9-47	Date Orig. Entry: July 7, 1947
	Date of Birth: Sept. 4, 1912	Birth Place: American Falls, Ida.	Full Name of Mother: Alwina J. Martens	Name of Father: Herman C. Martens	

QUALIFYING INFORMATION

dated 4-30-57
School Record, Fullerton Jr. College, original date 9-30-35: born Sept. 4, 1912; birthplace - American Falls, Idaho.

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	May 22, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 19 1957

JUN 19 1957

Certificate of Death

Male Female American Falls Power

American Falls, Idaho

Power

Irving E. Martens (Signature)

April 15 19 57

Type of Business

Date of Birth Birth Place

1912

Full Name of Father

Full Name of Mother

Date Issued

Name of Father

Class B

Date of Birth Birth Place

1912

Full Name of Mother

Name of Father

Type of Insurance

Date Issued By whom Issued and Signed Date Orig. Entry

Northern Mutual Life Ins.Co. 5-9-57 July 7, 1942

Class

Date of Birth Birth Place

1912

Full Name of Mother

Name of Father

Type of Insurance

Date Issued By whom Issued and Signed Date Orig. Entry

Northern Mutual Life Ins.Co. 5-9-57 July 7, 1942

Irving E. Martens

Irving E. Martens

Irving E. Martens

319 - 229
010 - 395

RECEIVED
MAY 23 1957
Division of Vital Statistics

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-548
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Hill Street

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print)
a. (First): Alice
b. (Middle): Florence
c. (Last): Carlson

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): Nov 29, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Emil
b. (Middle)
c. (Last): Carlson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Sweden

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lilly
b. (Middle)
c. (Last): Lindgren

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Shelley, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
1		

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: [signature]

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Idaho Falls, Idaho

18d. DATE SIGNED: May 22, 1957

19. DATE REC'D BY LOCAL REG.: May 23, 1957

20. REGISTRAR'S SIGNATURE: [signature]

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 36 WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [X] NO [ ]

Approximate date

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum: 5% Argyrol

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

MAY 24 1937

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

395-202-016-352

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-640

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alene Livingston		2. Date Of Birth (month) (day) (year): Sept. 2 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Elba Cassia	b. City or Town of Birth: Elba Idaho
FATHER	6. Full Name of Father: John D. Livingston		7. State or Country of Father's Birth: Salt Lake City Utah	
MOTHER	8. Full Maiden Name of Mother: Stella Ann Lessey.		9. State or Country of Mother's Birth: Elba, Cassia Co. Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alene Livingston Curtis	11. Present Address of Registrant: Lehi Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: May 3 1957	12. Signature of Notary: Helen G. Jones	13. Notary Commission expires: Sept 10 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Stella Ann Lessey Livingston	Date Issued: 4-30-57	Date Orig. Entry:
	Date of Birth: Sept. 2, 1912 / Birth Place: Cassia Co. Elba, Idaho	Full Name of Mother: Stella Ann Lessey Livingston	Name of Father: John D. Livingston	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Elba Ward, LDS Church	Date Issued: 3-2-13	Date Orig. Entry: Nov. 3, 1912
	Date of Birth: Sept. 2, 1912 / Birth Place: Cassia Co. Elba, Idaho	Full Name of Mother: Stella Lessey	Name of Father: John Livingston	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Utah #50-250831	Date Issued:	Date Orig. Entry: child born May 4, 1950
	Date of Birth: age 37 / Birth Place: Elba, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: June 20, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 21 1957

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Sex of Name	4. Place of Birth (Locality)
		Locality or Town of Birth
FATHER	5. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant / 11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary / 13. Notary Commission Expires

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Mother	By whom issued and signed: Stella Ann Lessey Livingston	Date Issued: 4-30-57	Date Orig. Entry
	Date of Birth: Sept. 2, 1912	Place of Birth: Elba, Idaho	Name of Father: John L. Livingston	
SUPPORTING RECORD 2	Type of Document: Certificate of Missing	By whom issued and signed: Elba Ward, LDS Church	Date Issued: 3-2-29	Date Orig. Entry: Nov. 3, 1912
	Date of Birth: Sept. 2, 1912	Full Name of Mother: Stella Lessey	Name of Father: John Livingston	
SUPPORTING RECORD 3	Type of Document: Certificate of Birth	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: Nov 4, 1950
	Date of Birth: [illegible]	Full Name of Mother: ---	Name of Father: ---	

COMMENTS OF INFORMATION

REGISTRAR'S CERTIFICATION: Warranty that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] contract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	June 20, 1957

355-211-017-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-688

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Pauline Lee (No middle Initial)
2. Date of Birth (month) (day) (year): December 11 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Clark
b. City or Town of Birth: Spencer, Idaho

FATHER

6. Full Name of Father: Alfred Gilroy Lee
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Dora Ellen Thompson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pauline Lee Braase
11. Present Address of Registrant: Hailey, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 11 1957
12. Signature of Notary: Joseph M Dadda
13. Notary Commission expires: April 12 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Dora Ellen Shear	4-11-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 11, 1912	Spencer, Idaho	Dora Ellen Lee	Alfred Gilroy Lee

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	LDS Church Salt Lake City, Utah	3-13-57	Aug. 27, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 11, 1912	Clark County Spencer, Idaho	Dora E. Thompson	Alfred G. Lee

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #218419		child born Jan. 15, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 21	Spencer, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bronson	nr Nancy Richards	July 8, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 8 1957

REGISTRANT	1. Registrant's Full Name at Birth: Pauline Lee (No Middle Initial)	2. Date of Birth: December 11 1912
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: Clark	6. Date of Birth: Spencer, Idaho
FATHER	7. Full Name of Father: Alfred Gilroy Lee	8. Date of Birth of Father's Birth: Utah
MOTHER	9. Full Name of Mother: Ellen Thompson	10. State of Mother's Birth: Idaho
AFFIDAVIT	11. Person Signature upon oath that the statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [signature]
	13. Subscribed and sworn to before me on: April 12 1957	14. Signature of Notary: [signature]
	15. Notary Commission expires: April 12 1957	

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	By whom issued and signed: Dora Ellen Shear	Date Issued: 4-11-57	Date Orig. Entry
	Date of Birth: 1912	Place of Birth: Spencer, Idaho	Name of Father: Alfred Gilroy Lee	
SUPPORTING RECORD 2	Type of Document: Church Record	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: 3-13-57	Date Orig. Entry: Aug. 27, 1924
	Date of Birth: Dec. 11, 1912	Full Name of Mother: Dora E. Thompson	Name of Father: Alfred G. Lee	
SUPPORTING RECORD 3	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued	Date Orig. Entry: child born Jan. 15, 1924
	Date of Birth: Dec. 21	Full Name of Mother: Spencer, Idaho	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR: I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this [illegible] Documentary evidence [illegible] which substantiates the facts as set forth in the [illegible]

State Registrar	Evidence Reviewed by: Nancy Richards	Date Filed: July 8, 1957

819-120-010-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-787

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dwayne McCrary Harris
2. Date of Birth (month) (day) (year): Dec 20 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Shelton Ida Bonneville
b. City or Town of Birth: Shelton, Idaho.

FATHER

6. Full Name of Father: Wilford Thomas Harris
7. State or Country of Father's Birth: Box Elder County Utah,

MOTHER

8. Full Maiden Name of Mother: Christina Junett McCrary
9. State or Country of Mother's Birth: Box Elder County Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dwayne McCrary Harris
11. Present Address of Registrant: Box 382, Ririe, Idaho,

NOTARY (Seal)

Subscribed and sworn to before me on August 3, 1957.
12. Signature of Notary: Kent Naylor
13. Notary Commission expires: February 9, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Father	Wilford Thomas Harris	Aug. 1, 1957	
	Date of Birth: Dec. 20, 1912 / Birth Place: Shelton, Idaho	Full Name of Mother: Christina Janett McCrary	Name of Father: Wilford Thomas Harris	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination to the Holy Priesthood	By whom issued and signed: L. D. S. Church - Ririe Ward Rigby State, Idaho	Date Issued: 12-22-24	Date Orig. Entry: 12-22-24
	Date of Birth: Dec. 20, 1912 / Birth Place: Shelton, Idaho	Full Name of Mother: Christina J. McCrary	Name of Father: Wilford T. Harris	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge from the Army of the United States	By whom issued and signed: United States Government	Date Issued: 4-14-42	Date Orig. Entry: 1-23-1941
	Date of Birth: Age 28 1/12 / Birth Place: Shelton, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barger	Shirley Cooper	August 5, 1957

FORM BH 56067

1 copy/print

AUG 5

893-104-022-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-889
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elden Charles Hilton		2. Date Of Birth (month) Jan (day) 4 (year) 1912
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Sugar City
FATHER	6. Full Name of Father: Charles Thomas Hilton		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ester Jensen		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elden Charles Hilton	11. Present Address of Registrant: Box 427 Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1957	12. Signature of Notary: Vern Carter	13. Notary Commission Expires: April 26 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Blessing		By whom issued and signed: Salem Ward L.D.S.	Date issued:	Date Orig. Entry: 2-4-1912
	Date of Birth: Jan. 4, 1912	Birth Place: Fremont County, Sugar, Idaho	Full Name of Mother: Ester Jensen	Name of Father: Thomas Charles Hilton	
SUPPORTING RECORD 2. Class B	Type of Document: Daughter's Birth Cert.		By whom issued and signed: Idaho #295714	Date issued:	Date Orig. Entry: Child born 6-12-40
	Date of Birth: age 28	Birth Place: Sugar City, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Record		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date issued:	Date Orig. Entry: Jan. 7, 1943
	Date of Birth: Jan. 4, 1912	Birth Place: Sugar, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

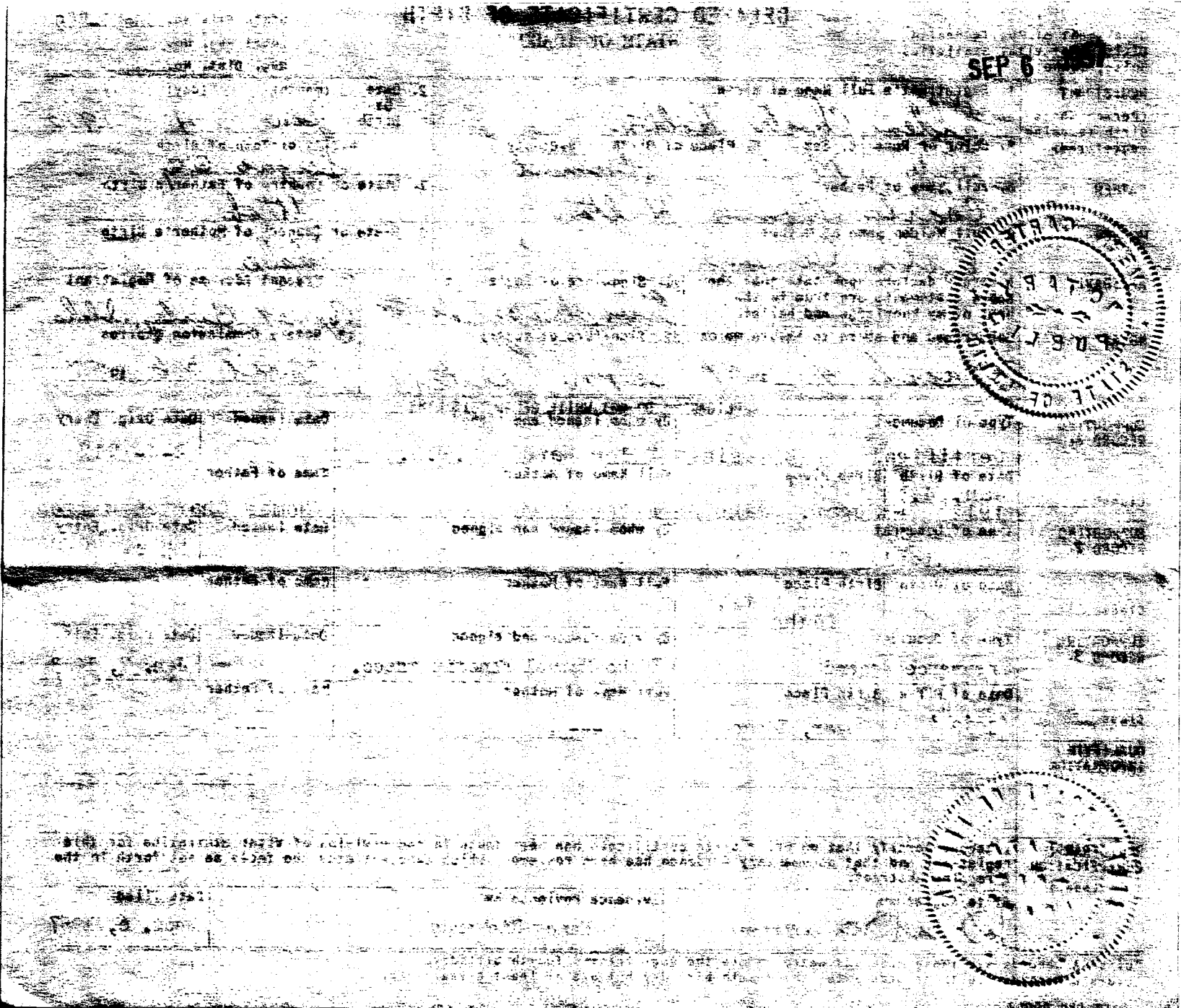
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. E. Benson	ss Nancy Richards	Sept. 6, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



113-109-044-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-926

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Russell Raymond Jackson			2. Date of Birth (month) (day) (year): January 9, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Mann Creek - Weiser, Idaho
FATHER	6. Full Name of Father: Russell Riley Jackson			7. State or Country of Father's Birth: Kelton, Utah
MOTHER	8. Full Maiden Name of Mother: Mabel Edna Moore			9. State or Country of Mother's Birth: Marshalltown, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: L. R. Jackson		11. Present Address of Registrant: 359 W. Liberty St. Weiser, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 17 1957	12. Signature of Notary: Hazel L. Herbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Mother - Mabel Jackson	Date Issued: viewed by vital statistics obviously very old-with no	Date Orig. Entry: alterations
	Date of Birth: Jan. 9, 1912 / Birth Place: Mann Creek, Idaho	Full Name of Mother: Mabel Edna Moore	Name of Father: Russel R. Jackson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle	By whom issued and signed: Noel Moore - Age 57	Date Issued: 9-16-57	Date Orig. Entry:
	Date of Birth: Jan. 9, 1912 / Birth Place: Washington County, Idaho	Full Name of Mother: Mabel Edna Moore	Name of Father: Russell Riley Jackson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: The Mutual Life Insurance Company of New York	Date Issued: 9-2-1930	Date Orig. Entry:
	Date of Birth: Jan. 9, 1912 / Birth Place: Weiser, Idaho	Full Name of Mother: Mabel E. Jackson	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: by W Benson	Evidence reviewed by: Shirley Cooper	Date Filed: Sept. 17, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 18

957-118-033-957

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-966
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Herman Lamont Ingram
2. Date Of Birth: (month) Nov. (day) 18 (year) 1912
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Madison; b. City or Town of Birth: Sugar City Idaho

FATHER

6. Full Name of Father: Archie Garn
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Rhoda Ann Ingram
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lamont Ingram
11. Present Address of Registrant: Box 51 Pinehurst Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: May 29 1957
12. Signature of Notary: Ileen M. Gehret
13. Notary Commission expires: March 5 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Federal Census Record	age 7	Idaho	U. S. Dept. of Commerce Bureau of the Census	---	7-31-57	---	Jan. 1, 1920
SUPPORTING RECORD 2. Class B	Affidavit by mother	Nov. 18, 1912	Madison Co. Sugar City, Idaho	Rhoda Ann Ingram McCarroll	Rhoda Ann Ingram	5-29-57	Archie Garn	
SUPPORTING RECORD 3. Class B	own child's birth certificate	age 33	Sugar City, Idaho	Idaho #419994	---		---	child born May 4, 1946

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Jensen
Evidence reviewed by: nr Nancy Richards
Date Filed: Oct. 3, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067 1 copy sent

263-202-011-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1020

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jessie Madge Solomon		2. Date Of Birth (month) July (day) 2 (year) 1912
	3. Color or Race: Jewish	4. Sex: female	5. Place of Birth a. County: Idaho, U.S.A. b. City or Town of Birth: Bonners Ferry
FATHER	6. Full Name of Father: Charles Royal Solomon		7. State or Country of Father's Birth: Watseka, Ill's
MOTHER	8. Full Maiden Name of Mother: Bessie May Maness		9. State or Country of Mother's Birth: Wexford, Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jessie M. Griffiths	11. Present Address of Registrant: Manning, Alberta Canada
NOTARY (Seal)	Subscribed and sworn to before me on: June 8 1957	12. Signature of Notary: R F Bessett	13. Notary Commission expires: Dec. 31 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Certificate		By whom issued and signed: Alberta, Canada	Date issued: 2-27-45	Date Orig. Entry: March 31, 1932
	Date of Birth: age 19	Birth Place: Boners Ferry, Idaho	Full Name of Mother: Bessie May Maness	Name of Father: Charles Royal Solomon	
SUPPORTING RECORD 2.	Type of Document: Family Record		By whom issued and signed: viewed by Division of Vital Statistics, nr.	Date issued:	Date Orig. Entry: obviously old
	Date of Birth: July 2, 1912	Birth Place: ---	Full Name of Mother: Bessie Maness	Name of Father: Charlie Solomon	
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative present at birth, age 65		By whom issued and signed: May G. Solomon	Date issued: 10-18-57	Date Orig. Entry:
	Date of Birth: July 2, 1912	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Bessie May Maness	Name of Father: Charles Royal Solomon	
QUALIFYING INFORMATION					

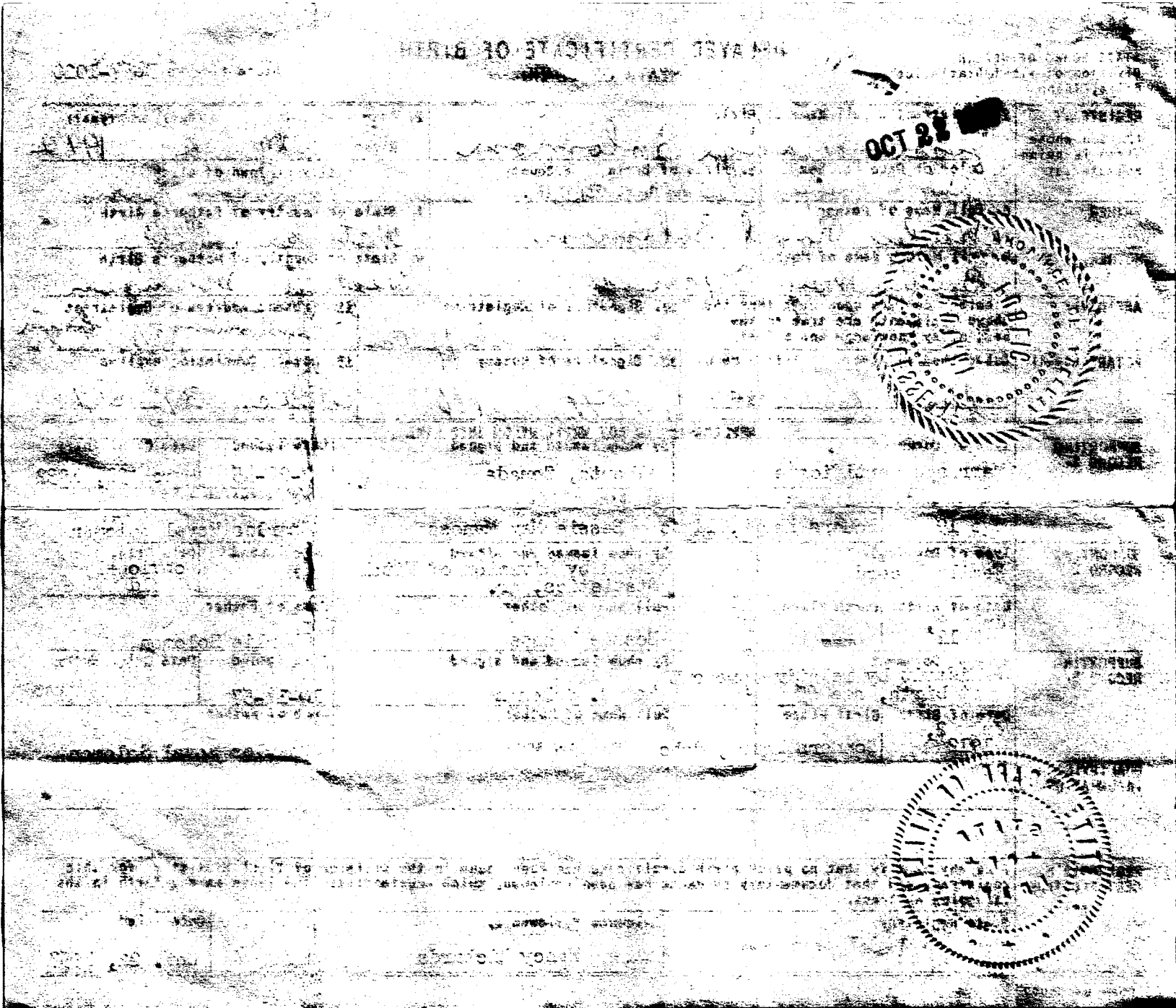
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	nr Nancy Richards	Oct. 22, 1957

FORM BH 56067

1 copy Rd



393-12-1001-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1046

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Claude Owen Lick			2. Date of Birth (month) (day) (year): April 22, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: Edward E. Lick			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Edith K. Kindall			9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Claude Owen Lick		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 14th day of October 19 57	12. Signature of Notary: Winford R Brooks, WINFORD R BROOKS, 1stLt, Asst Adjutant		13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Edith K. Lick		Date Issued: 9-27-57	Date Orig. Entry:
	Date of Birth: April 22, 1912	Birth Place: Meridian, Idaho	Full Name of Mother: Edith K. Lick	Name of Father: Edward E. Lick	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army		Date Issued: discharged 2-16-50	Date Orig. Entry: Entered Oct. 3, 1947
	Date of Birth: April 22, 1912	Birth Place: Meridian, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Veterans Administration		Date Issued: 8-25-50	Date Orig. Entry: Aug. 25, 1950
	Date of Birth: age 38	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	Oct. 31, 1957

FORM BH 56067

2 Copies prd

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 9 1955

1. Registrant's Full Name of Birth		2. Date of Birth	
3. Registrant's Full Name of Birth		4. Place of Birth	
5. Registrant's Full Name of Birth		6. Place of Birth	
7. Registrant's Full Name of Birth		7. State or Country of Mother's Birth	
8. Registrant's Full Name of Mother		9. State or Country of Mother's Birth	
10. Signature of Registrant		11. Name and Address of Registrant	
12. Signature of Notary		13. Notary Commission Expires	
Sworn to Before Me			

Date of Birth	By Whom Issued and Signed	Date Issued	Date Ord.
Affidavit by Mother	Edith R. Mick	[illegible]	
Date of Birth	By Whom Issued and Signed	Date Issued	Date Ord.
[illegible]	[illegible]	[illegible]	
Date of Birth	By Whom Issued and Signed	Date Issued	Date Ord.
[illegible]	[illegible]	[illegible]	Oct. 3, 1952
Date of Birth	By Whom Issued and Signed	Date Issued	Date Ord.
[illegible]	[illegible]	[illegible]	Aug. 27, 1950
Date of Birth	By Whom Issued and Signed	Date Issued	Date Ord.
[illegible]	[illegible]	[illegible]	

Date Registrar | Signature | Date Issued

Nancy Richards | Oct. 31, 1957

114-12 1042-655

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1047

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CLAUDE WESLEY JUDSON
2. Date Of Birth: (month) AUG (day) 12 (year) 1912
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County TWIN FALLS; b. City or Town of Birth

FATHER

6. Full Name of Father: CHARLES WARREN JUDSON
7. State or Country of Father's Birth: UNITED STATES - IOWA

MOTHER

8. Full Maiden Name of Mother: ETHEL LOY FENN
9. State or Country of Mother's Birth: UNITED STATES - OREGON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Claude W Judson
11. Present Address of Registrant: BOX 216 KNIGHTS LANDING CALIFORNIA

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 27 1957
12. Signature of Notary: C M Hooper
13. Notary Commission expires: Nov 5 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Type of Document: Affidavit by sister		By whom issued and signed: Verda Lattimer	Date Issued: 10-9-57	Date Orig. Entry:
Date of Birth: Aug. 12, 1912	Birth Place: Twin Falls Co. Twin Falls, Idaho	Full Name of Mother: Ethel Loy Judson	Name of Father: Charles Warren Judson	
SUPPORTING RECORD 2. Type of Document: Honorable Discharge paper		By whom issued and signed: U. S. Army	Date Issued: discharged 10-16-45	Date Orig. Entry: inducted Jan. 11, 1943
Date of Birth: Aug. 12, 1912	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Type of Document: own child's birth certificate		By whom issued and signed: certified California #5701-151	Date Issued: 9-2-57	Date Orig. Entry: child born July 6, 1943
Date of Birth: age 30	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	

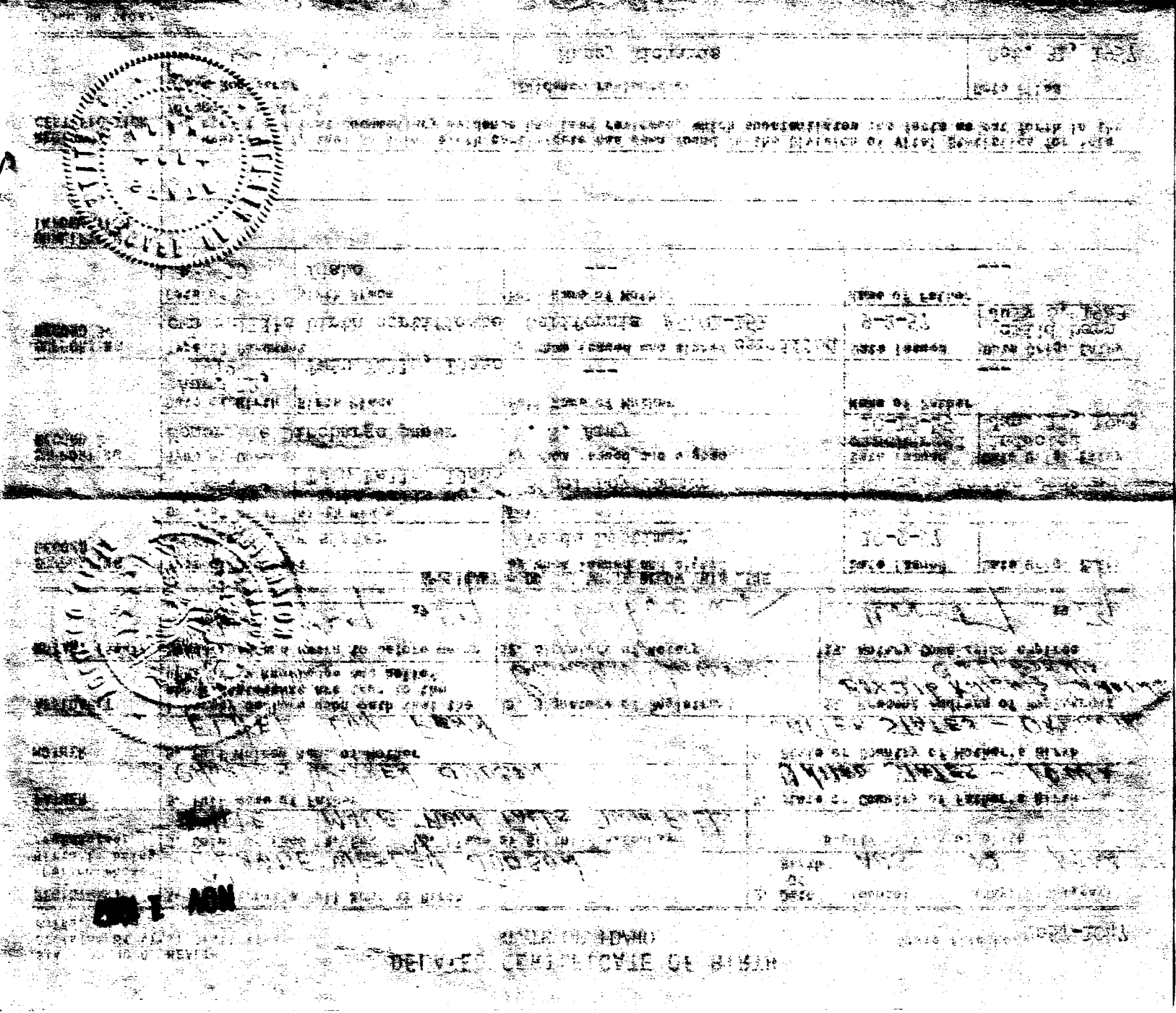
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Jenson	Nancy Richards	Oct. 31, 1957

FORM BH 56067



319-219-001-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1157
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Lorraine Laing			2. Date of Birth (month) December (day) 19 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Chester Augustus Laing			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Lillian Mae Johnson			9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorraine Petersen		11. Present Address of Registrant: Elko, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 26 1957	12. Signature of Notary: Etta Tabes		13. Notary Commission expires: Oct 15 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Chester A. Laing		Date Issued: 11-13-57	Date Orig. Entry:
Class* B	Date of Birth: Dec. 19, 1912	Birth Place: Boise, Idaho	Full Name of Mother: Lillian Mae Johnson Laing	Name of Father: Chester Augustus Laing	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Elko County High School Nevada		Date Issued:	Date Orig. Entry: Sept. 1926
Class B	Date of Birth: Dec. 19, 1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: C. A. Laing	
SUPPORTING RECORD 3.	Type of Document: Employment record--Application for Federal Employment	By whom issued and signed: Civil Service Commission		Date Issued: 11-1-57	Date Orig. Entry: Jan. 7, 1950
Class B	Date of Birth: Dec. 19, 1912	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Jenson	Evidence reviewed by: Nancy Richards	Date Filed: Dec. 6, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 / Copy pd

DELAYED CERTIFICATE OF BIRTH

1. Name of person for whom record is filed (First, middle, last): [redacted] Lorraine Laing

2. Date of birth (month, day, year): December 19, 1912

3. Sex: Female

4. Color or race: White

5. Place of birth (county): Ada

6. City or town of birth: Boise

7. Name of father: [redacted] Lorraine Laing

8. Birthplace of father (state or country): Iowa

9. Maiden name of mother: Jillian Mae Johnson

10. Birthplace of mother (state or country): Nevada

11. Present address of applicant: Elko, Nevada

12. Signature of applicant: [redacted]

13. Relationship: Daughter

14. I hereby swear that each item of information contained in the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me this [redacted] day of [redacted], 19[redacted]

15. Notary Commission expires [redacted], 19[redacted]

BY DOCTOR OR MIDWIFE — DO NOT USE FOR OTHER PURPOSES

Date of Birth	Birth Place	Full Name of Mother	Full Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

Attended by Father

Type of Document: [illegible]

By whom issued and signed: Deanna L. Jarvis

Date issued: 12-17-37

Date Reg. Dist.

RECORD 2

Date of Birth: [illegible], 19[illegible]

Birth Place: ---

Full Name of Mother: ---

Full Name of Father: ---

Type of Document: Federal Record

By whom issued and signed: Public Service Commission Medical Board, Nevada

Date issued: Sept. 1956

Date Reg. Dist.

RECORD 3

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: ---

Full Name of Father: ---

Type of Document: Delayed Birth Certificate

By whom issued and signed: [illegible]

Date issued: 12-[illegible]-57

Date Reg. Dist.

RECORD 4

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: ---

Full Name of Father: ---

Type of Document: [illegible]

By whom issued and signed: [illegible]

Date issued: [illegible]

Date Reg. Dist.

RECORD 5

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: ---

Full Name of Father: ---

Type of Document: [illegible]

By whom issued and signed: [illegible]

Date issued: [illegible]

Date Reg. Dist.

RECORD 6

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: ---

Full Name of Father: ---

Type of Document: [illegible]

By whom issued and signed: [illegible]

Date issued: [illegible]

Date Reg. Dist.

CERTIFICATE'S RECORD

Clerk-Recorder certifies that no other birth certificate has been found in the Division of Vital Statistics for this [illegible] and document(s) in evidence has been examined and correlates the facts as set forth in the [illegible] act.

State Registrar

Evidence received by: [illegible]

Date filed: Dec. 6, 1957

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*Class A records are those filed within the year's Fourth District. Class B records are those filed [illegible] but are [illegible]

296-22-4025-864

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1216
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Genevieve Brown			2. Date Of Birth: (month) 2 (day) 24 (year) 1912	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Grangeville a. County: Idaho	b. City or Town of Birth: Grangeville	
FATHER	6. Full Name of Father: John Frank Brown			7. State or Country of Father's Birth: Saline County, Illinois	
MOTHER	8. Full Maiden Name of Mother: May Ethel Hodson			9. State or Country of Mother's Birth: Chicago, Cook County, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Genevieve Terry		11. Present Address of Registrant: 4127½ Utah Street, San Diego, California	
NOTARY (Seal)	Subscribed and sworn to before me on: November 4 19 57	12. Signature of Notary: Ramona B. Barnes		13. Notary Commission expires: August 27 19 60	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Federal Census Record	By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census		Date Issued: 6-12-57	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 7	Birth Place: Idaho	Full Name of Mother: May Brown	Name of Father: Frank J. Brown	
SUPPORTING RECORD 2. Class B	Type of Document: Social Security Record	By whom issued and signed: Treausry Dept.		Date Issued:	Date Orig. Entry: June 12, 1944
	Date of Birth: Feb. 24, 1912	Birth Place: Grangeville, Idaho	Full Name of Mother: May Ethel Hodson	Name of Father: Frank Brown	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by person present at birth, age 66	By whom issued and signed: Katherine Brown Vaupel		Date Issued: 12-4-57	Date Orig. Entry:
	Date of Birth: Feb. 24, 1912	Birth Place: Grangeville, Idaho	Full Name of Mother: May Brown	Name of Father: Frank Brown	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards nr	Dec. 27, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name of Birth: Grace Genevieve Brown
2. Date of Birth (month) (day) (year): 24 1928
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Grangeville
6. County: Idaho
7. City or Town of Birth: Grangeville

FATHER

8. Full Name of Father: John Frank Brown
9. State or Country of Father's Birth: Faline County, Illinois

MOTHER

10. Full Maiden Name of Mother: Ethel Hodson
11. State or Country of Mother's Birth: Chicago, Cook County, Illinois

AFFIDAVIT

Sworn declare upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant: [illegible]
13. Present Address of Registrant: 4127½ Utah Street, San Diego, California

SUBSCRIBED (Sworn and sworn to before me on [illegible]) 19 [illegible]

14. Signature of Notary: [illegible]
15. Notary Commission expires: [illegible] 19 [illegible]

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U.S. Dept. of Commerce Bureau of the Census	6-12-57	Jan. 1, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep 7	Idaho	[illegible]	[illegible]

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		June 12, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Grangeville, Idaho	Ethel Hodson	[illegible]

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 24, 1912	Grangeville, Idaho	[illegible]	Frank Brown

QUALIFICATION

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiated the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	Dec. 27, 1957

Class A Records are those made and dated before the Registrant's [illegible] Class B Records are those made after the fourth birthday but are at least [illegible]

[illegible]

735-110-002-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-006

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRED ANDREW GLENN			2. Date Of Birth (month) MAY (day) 10 (year) 1912	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: FRUITVALE ADAMS	b. City or Town of Birth: FRUITVALE	
FATHER	6. Full Name of Father: JOHN EMSLEY GLENN			7. State or Country of Father's Birth: BOONE ARK	
MOTHER	8. Full Maiden Name of Mother: MARY ROBERTSON			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred Andrew Glenn		11. Present Address of Registrant: FRUITVALE IDA	
NOTARY (Seal)	Subscribed and sworn to before me on: December 17th 1957	12. Signature of Notary: [signature]		13. Notary Commission expires: April 7 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom Issued and signed: Mary E. McGinley	Date Issued: 12-17-57	Date Orig. Entry:
	Date of Birth: May 10, 1912 / Birth Place: Fruitvale, Idaho	Full Name of Mother: Mary Robertson	Name of Father: John Emsley Glenn	
SUPPORTING RECORD 2.	Type of Document: Affidavit of Publication	By whom Issued and signed: The Adams County Leader Adams County, Idaho	Date Issued: 17 Dec 57	Date Orig. Entry: May 16, 1912
	Date of Birth: Friday May 10, 1912 / Birth Place: ----	Full Name of Mother: Mr. & Mrs. Emsley Glenn	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Own Child's Birth Certificate	By whom Issued and signed: State of Idaho #368027	Date Issued: Child's Birthdate February	Date Orig. Entry: 26, 1943
	Date of Birth: Age 30 / Birth Place: Fruitvale, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Cooper	Jan. 3, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

JAN 8 1958

RECIPIENT (Person whose birth is being registered)	1. Name of Person at Birth: [illegible]	2. Date of Birth: MAY 10 1914	
	3. Sex: WHITE	4. Place of Birth: FRUITVALE	5. County: ADAMS
	6. Town of Birth: FRUITVALE		
FATHER	7. Full Name of Father: [illegible]	8. State of Country of Father's Birth: [illegible]	
	9. Full Name of Mother: MARY ROBERTSON	10. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: FRUITVALE, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: December 12th 1957	13. Signature of Notary: [illegible]	14. Notary Commission expires: [illegible]

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Mother	By whom issued and signed: Mary E. McGinley	Date Issued: 12-17-57	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: Fruitvale, Idaho	Full Name of Mother: Mary Robertson	Name of Father: John Emsley Glenn
SUPPORTING RECORD 2	Type of Document: Affidavit of Publication	By whom issued and signed: The Adams County Leader, Adams County, Idaho	Date Issued: 17 Dec 57	Date Orig. Entry: May 16, 1912
	Date of Birth: May 10, 1912	Birth Place: [illegible]	Full Name of Mother: Mr. [illegible]	Name of Father: Emsley Glenn
SUPPORTING RECORD 3	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho 03060027	Date Issued: Child's Birthdate February [illegible], 1912	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: Fruitvale, Idaho	Full Name of Mother: ----	Name of Father: ----

SUPPORTING RECORD 4

SECRETARY'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Address Reviewed by	Date Filed
[illegible]	Harley Cooper	Jan. 3, 1958

FORM [illegible]

719-203-024-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-019

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Naomi Parrott			2. Date Of Birth (month) (day) (year): April 3, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: John Henry Parrott			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Clara Mae Barton			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Naomi Parrott		11. Present Address of Registrant: 924 N. Junction Grangeville Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 7 1958	12. Signature of Notary: S. W. Eimers Jr.		13. Notary Commission expires: Nov. 18 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Clara M. Parrott - Mother	Date issued: 11-25-57	Date Orig. Entry:
	Date of Birth: April 3, 1912	Birth Place: Hagerman, Idaho	Full Name of Mother: Clara Mae Barton	Name of Father: John Henry Parrott	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Beneficial Protective Assoc.	Date issued: 12-21-1940	Date Orig. Entry:
	Date of Birth: April 3, 1912	Birth Place: Hagerman, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Family Bible Record		By whom issued and signed: Mother - Clara M. Parrott	Date issued: Viewed by Obviously	Date Orig. Entry: Vital Stat. very old - no alterations
	Date of Birth: April 3, 1912	Birth Place: ----	Full Name of Mother: Clara Mae Barton	Name of Father: John Henry Parrott	

QUALIFYING INFORMATION

Own Child's birth certificate issued by the State of Idaho, #246244, gives Mother's age as 24 and birthplace as Hagerman, Idaho. This document is dated April 20, 1936.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sc	

FORM BH 56067

JUL 2 1960

JAN 14 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De3[illegible]

REGISTRANT (Person whose birth is being registered)	1. Full Name of Birth: Martha Naomi Parrott	2. Date of Birth (month) (day) (year): April 3, 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Gooding
		6. Birthplace: Hagerman	
FATHER	6. Full Name of Father: John Henry Parrott	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Clara Mae Barton	9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	10. Declare under oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 19	13. Signature of Notary	14. Notary Commission Expires 19

AFFIDAVIT OF DELAYED CERTIFICATE

SUPPORTING RECORD 1	Type of Document: Affidavit by Mother	By whom issued and signed: Clara M. Parrott - Mother	Date Issued: 11-25-57	Date Orig. Entry
	Date of Birth: April 3, 1912	Birth Place: Hagerman, Idaho	Full Name of Mother: Clara Mae Barton	Name of Father: John Henry Parrott
SUPPORTING RECORD 2	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Protective Assoc.	Date Issued: 12-21-1960	Date Orig. Entry
	Date of Birth: April 3, 1912	Birth Place: Hagerman, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document: Family Bible Record	By whom issued and signed: Mother - Clara M. Parrott	Date Issued: Viewed by Vital Stat. Obviously very old - no	Date Orig. Entry
	Date of Birth: April 3,	Birth Place: ----	Full Name of Mother: Clara Mae Barton	Name of Father alterations: John Henry Parrott

QUALIFICATION INFORMATION: Owner's old's birth certificate issued by the State of Idaho, #240944, gives Mother's age of 24 and birthplaceas Hagerman, Idaho. This document is dated April 20, 1936.

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar's	Evidence reviewed by	Date Filed

FORM HH 50047

259-30-033-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-173

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jacob Kerbs			2. Date of Birth (month) Dec. (day) 30 (year) 1912	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Madison	b. City or Town of Birth: Sugar City	
FATHER	6. Full Name of Father: Gottfried Kerbs			7. State or Country of Father's Birth: North Russia	
MOTHER	8. Full Maiden Name of Mother: Katherina Elizabeth Rush			9. State or Country of Mother's Birth: North Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jacob Kerbs	11. Present Address of Registrant: RT. #2 Rupert, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 17, 1958		12. Signature of Notary: By Neva A. Nelson	13. Notary Commission expires: March 4 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate		By whom issued and signed: F. Brennecke, Pastor Ev. Luth. Church, Salem, Idaho	Date Issued:	Date Orig. Entry: Mar. 2, 1913
	Date of Birth: Dec. 30, 1912	Birth Place: Sugar City, Idaho	Full Name of Mother: Kath. Elisabeth Rurch	Name of Father: Gottfried Kerbs	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Aid Association for Lutherans	Date Issued: 5-10-52	Date Orig. Entry: May 10, 1952
	Date of Birth: Dec. 30, 1912	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #305611	Date Issued:	Date Orig. Entry: child born July 7, 1940
	Date of Birth: age 27	Birth Place: Sugar City, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	own child's birth certificate, Idaho #260306; child born Oct. 21, 1937: father age 24; birthplace Sugar City, Idaho.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson		Evidence reviewed by: nr Nancy Richards		Date Filed: March 4, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

MAR 4 1958

REGISTRANT	2. Registrant's Full Name at Birth: Jacob Marks	2. Date of Birth (month) (day) (year): Dec. 30 1912	
Person whose birth is being registered	3. Color or Race: White	4. Sex: M	5. Place of Birth: County: Madison; 6. City or Town of Birth: Sugar City
FATHER	7. Full Name of Father: Alfred Marks	8. State or Country of Father's Birth: North Russia	
MOTHER	9. Maiden Name of Mother: Marina Elizabeth Rush	9. State or Country of Mother's Birth: North Russia	
AFFIDAVIT	10. Signature of Registrant: Jacob Marks	11. Present Address of Registrant: Rt. 2 Rupert, Idaho	
	12. Signature of Notary: [illegible]	13. Notary Commission Expires: March 4, 1958	

Subscribed and sworn to before me on: February 17, 1952

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church Certificate	By whom issued and signed: Rev. Ernest Kaster, Ruth, Church Sales, Idaho	Date Issued	Date Orig. Entry: Feb. 2, 1913
	Date of Birth: Dec. 30, 1912	Place of Birth: Sugar City, Idaho	Name of Father: Kath. Elizabeth Marks	Name of Father: Gottfried Carbe
SUPPORTING RECORD 2	Type of Document: Insurance Policy	By whom issued and signed: Aid Association for Lutherans	Date Issued: 7-10-52	Date Orig. Entry: May 10, 1952
	Date of Birth: Dec. 30, 1912	Place of Birth: Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3	Type of Document: Two child's birth certificates	By whom issued and signed: Idaho [illegible]	Date Issued	Date Orig. Entry: Aug. 7, 1940
	Date of Birth: Dec. 30, 1912	Place of Birth: Sugar City, Idaho	Full Name of Mother: —	Name of Father: —

CERTIFICATE

Two child's birth certificates, Idaho #260306; child born Oct. 21, 1937; father [illegible] Sugar City, Idaho.

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by: Nancy Richards	Date Filed: March 4, 1958

655-216-008-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-310

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Georgianna Mae Fenton		2. Date Of Birth (month) July (day) 16 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Horse Shoe Bend, Boise; b. City or Town of Birth: Horse Shoe Bend, Idaho
FATHER	6. Full Name of Father: George Myron Fenton		7. State or Country of Father's Birth: Vermont
MOTHER	8. Full Maiden Name of Mother: Christina Demeris Stephenson		9. State or Country of Mother's Birth: Idaho.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgianna Mae Bates	11. Present Address of Registrant: Sheridan, Wyo
NOTARY (Seal)	Subscribed and sworn to before me on: March 25th 1958	12. Signature of Notary: Deyo Hasbrouck	13. Notary Commission expires: Nov. 10th 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by midwife, age 63		By whom issued and signed: Addie L. Carlisle	Date issued: 3-7-58	Date Orig. Entry:
	Date of Birth: July 16, 1912	Birth Place: Idaho Horse Shoe Bend	Full Name of Mother: Christina Demeris (Stephenson) Fenton	Name of Father: George Myron Fenton	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy Application		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date issued:	Date Orig. Entry: July 7, 1934
	Date of Birth: July 16, 1912	Birth Place: Horseshoe Bend, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #210418	Date issued:	Date Orig. Entry: child born Feb. 9, 1933
	Date of Birth: age 20	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	April 7, 1958

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Full Name of Birth [illegible]	2. Date of Birth [illegible] 1912
	3. Color or Race 4. Sex	5. Place of Birth 6. County	7. Mailing Address of Birth
FATHER	8. Full Name of Father [illegible]	9. State of Country of Father's Birth
MOTHER	10. Maiden Name of Mother [illegible]	11. State of Country of Mother's Birth
CERTIFICATE	I hereby declare upon oath that the above statements are true to the best of knowledge and belief.	12. Signature of Registrant [illegible]	13. Present Address of Registrant [illegible]
NOTARY (Seal)	14. Subscribed and sworn to before me on [illegible]	15. Signature of Notary [illegible]	16. Notary Commission Expires [illegible]

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Only Entry
Affidavit by [illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Only Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been [illegible] which substantiates the facts as set forth in the foregoing [illegible].

Vital Statistics	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

FORM NO. [illegible]

463-224-039-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-375

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hulda DockTer			2. Date of Birth (month) (day) (year): August 24 1912
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls Idaho
FATHER	6. Full Name of Father: Johann DockTer			7. State or Country of Father's Birth: Southern Russia
MOTHER	8. Full Maiden Name of Mother: Emma Mayer			9. State or Country of Mother's Birth: Southern Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hulda Kerbs HULDA KERBS		11. Present Address of Registrant: Rt. #2 Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 17 1958	12. Signature of Notary: Newell C. Gudson		13. Notary Commission expires: March 4 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Geo. L. Sprattler, Ev. Luth. Pastor, Am. Falls, Ida.		Date Issued:	Date Orig. Entry: Nov. 24, 1912
	Date of Birth: Aug. 24, 1912	Birth Place: American Falls, Ida.	Full Name of Mother: Emma Mayer	Name of Father: Johann Dokter	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #305611		Date Issued:	Date Orig. Entry: child born July 7, 1940
	Date of Birth: age 27	Birth Place: American Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: Johann Dockter and Emma Mayer Dockter		Date Issued: 4-18-58	Date Orig. Entry:
	Date of Birth: Aug. 24, 1912	Birth Place: rural Power Co., near Amer. Falls, Ida.	Full Name of Mother: Emma Mayer Dockter	Name of Father: Johann Dockter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jenson	nr Nancy Richards	May 2, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 5 1966

692-103-028-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-401

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vernon Maxwell Fisher
2. Date of Birth (month) (day) (year): August 3 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth — a. County: Kootenai
   b. City or Town of Birth: Coeur d Alene

FATHER

6. Full Name of Father: George W. Fisher
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Martha Alice Maxwell
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vernon Maxwell Fisher
11. Present Address of Registrant: Tacoma, Wash

NOTARY (Seal)

Subscribed and sworn to before me on: 21st April 1958
12. Signature of Notary: [illegible] Adams
13. Notary Commission expires: Dec. 19, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.		Sept. 30, 1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 3, 1912 / Kootenai Co. Coeur d'Alene, Ida.	Martha Alice Maxwell	George W. Fisher	
SUPPORTING RECORD 2.	own child's birth certificate	Washington #377	4-3-58	child born Oct. 19, 1940
	age 28 / Coure D'Alene, Idaho	***	***	
SUPPORTING RECORD 3.	Insurance Policy	Pacific Mutual Life Ins. Co. of Calif.	4-8-33	Apr. 8, 1933
	Aug. 3, 1912 / Idaho	Alice Fisher	***	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Jenson
Evidence reviewed by: Nancy Richards
Date Filed: May 14, 1958

FORM BH 56067

MAY 14 1958

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Office, Idaho

REGISTRAR	1. Registrant's Full Name at Birth: Vernon Massey Fisher	2. Date: Month, Day, Year
Person Whose Birth is being Registered	3. Color or Race: White	4. Place of Birth: Kootenai
	5. Sex: Male	6. Birth Name of Father: [illegible]
FATHER	7. Full Name of Father: [illegible]	8. State or Country of Father's Birth: Kansas
	9. Full Maiden Name of Mother: [illegible]	10. State or Country of Mother's Birth: Kansas
	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: [illegible]
	13. Signature of Notary: [illegible]	14. Notary Commission expires: [illegible]

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued: Sept. 30, 1942	Date Orig. Entry: Sept. 30, 1942
	Date of Birth: Aug. 3, 1942	Full Name of Mother: Kootenai Co. Coeur d'Alene, Ida. Annie Alice Maxwell	Name of Father: George W. Fisher	
SUPPORTING RECORD 2	Type of Document: Own child's birth certificate	By whom issued and signed: Washington 1977	Date Issued: 1-2-58	Date Orig. Entry: Oct. 19, 1940
	Date of Birth: Aug. 3, 1942	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: Pacific Mutual Life Ins. Co.	Date Issued: 1-5-33	Date Orig. Entry: Apr. 2, 1933
	Date of Birth: Aug. 3, 1942	Birth Place: Idaho	Full Name of Mother: Alice Fisher	Name of Father:

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Stamp Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Lindsay	May 14, 1958

FORM 8H 5608

286-123-014-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-484

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Tad E. Shorb			2. Date of Birth (month) April (day) 23 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Cormac Joseph Shorb			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Lilian Talitha Moore			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Tad E Shorb		11. Present Address of Registrant: Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 26 1958	12. Signature of Notary: Paul Boyer		13. Notary Commission expires: May 18 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy Application	By whom issued and signed: Gem State Mutual Life Assoc.	Date Issued: 11-14-35	Date Orig. Entry: Nov. 14, 1935	
	Date of Birth: April 23, 1912	Birth Place: Caldwell, Idaho	Full Name of Mother: Lillian T. Shorb	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: (born 10-30-01) Affidavit by brother	By whom issued and signed: Clem. Shorb	Date Issued: 5-5-58	Date Orig. Entry:	
	Date of Birth: April 23, 1912	Birth Place: Canyon Co. Caldwell, Idaho	Full Name of Mother: Lilian Shorb	Name of Father: Cormac Joseph Shorb	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #268210	Date Issued:	Date Orig. Entry: child born June 1, 1938	
	Date of Birth: age 26	Birth Place: Caldwell, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Jensen	nr Nancy Richards	June 6, 1958

FORM BH 56067

1 copy paid

DERIVED CERTIFICATE OF BIRTH

612-213-006-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-529

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Elise Fast		2. Date Of Birth (month) Dec. (day) 13, (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Aberdeen Idaho Bingham; b. City or Town of Birth: Aberdeen
FATHER	6. Full Name of Father: Walter John Fast		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Elise Anna Claassen		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna E. Barber	11. Present Address of Registrant: 1206 E. Mason St. Santa Barbara, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: June 4 1958	12. Signature of Notary: Mary F. Penney	13. Notary Commission expires: June 15 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Dec. 23, 1949
	Date of Birth: Dec. 13, 1912	Birth Place: Aberdeen, Idaho	Full Name of Mother: Elise Anna Claassen	Name of Father: Walter J. Fast	
SUPPORTING RECORD 2.	Type of Document: Application for college		By whom issued and signed: Santa Barbara Cottage Hospital Knapp College of Nursing Santa Barbara, Calif.	Date issued:	Date Orig. Entry: May 15, 1931
	Date of Birth: Dec. 13, 1912	Birth Place: Aberdeen, Idaho	Full Name of Mother: ---	Name of Father: Walter J. Fast	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: California #279, 364, 92795	Date issued: 10-2-39	Date Orig. Entry: child born July 25, 1939
	Date of Birth: age 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	June 19, 1958

FORM BH 56067 [illegible]

FEB 06 1989

JUN 20 1989

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Dec-529

REGISTRANT (Person whose birth is being registered)	1. Registration full name of birth	2. Date of birth (month) (day) (year)
	3. Color or race	4. Place of birth
FATHER	5. Full name of father	6. State or country of father's birth
MOTHER	7. Full name of mother	8. State or country of mother's birth
AFFIDAVIT	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
NOTARY (Seal)	11. Subscribed and sworn to before me on 19	12. Signature of Notary
	13. Notary Commission expires 19	

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury, Dept.	Date Issued	Date Orig. Entry: Dec. 23, 1949
	Date of Birth: 1912	Birth Place: Aberdeen, Idaho	Full name of Mother: Elise Anna Glassman	Name of Father: Walter J. Fast
SUPPORTING RECORD 2.	Type of Document: Application for College	By whom issued and signed: Santa Barbara Cottage Hospital Army College of Burning Santa Barbara, Calif.	Date Issued	Date Orig. Entry: May 17, 1931
	Date of Birth: Dec. 13, 1912	Birth Place: Aberdeen, Idaho	Full name of Mother: ---	Name of Father: Walter J. Fast
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: California [illegible]	Date Issued: 11-2-39	Date Orig. Entry: child born July 25, 1939
	Date of Birth: Aug 26	Birth Place: Idaho	Full name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	June 19, 1958

FORM [illegible]

913108.007-129

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JUL 3 1958
Bureau of Vital Statistics

State File No. De58-594

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chancy Charles Ralls			2. Date Of Birth (month) 2 (day) 8 (year) 1912	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Crooks (later Carey,) Blaine	b. City or Town of Birth: Carey, Idaho	
FATHER	6. Full Name of Father: Charles Andrew Ralls			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Mary Estella Akin			9. State or Country of Mother's Birth: Le. Grand, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Chancy C Ralls	11. Present Address of Registrant: Box 32 Rt 2 Hamilton Mont.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 25 1958		12. Signature of Notary: Bessie Stanford	13. Notary Commission expires: November 21 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record		By whom issued and signed: Blaine Co. Class A School Dist. No. 61, Hailey, Idaho	Date Issued: 4-17-58	Date Orig. Entry: Sept. 1923
	Date of Birth: Feb. 8, 1912	Birth Place: ---	Full Name of Mother: Estella Ralls	Name of Father: Chas. A. Ralls	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 75		By whom issued and signed: Estella Akin Ralls	Date Issued: 6-25-58	Date Orig. Entry:
	Date of Birth: Feb. 8, 1912	Birth Place: Blaine Co. Crooks, later Carey	Full Name of Mother: Estella Akin Ralls	Name of Father: Charles A. Ralls	
SUPPORTING RECORD 3.	Type of Document: Church Record		By whom issued and signed: Carey Ward, Blaine Stake IDS Church	Date Issued: 3-4-47	Date Orig. Entry: March 4, 1947
	Date of Birth: Feb. 8, 1912	Birth Place: Blaine Co. Carey, Idaho	Full Name of Mother: Mary Estella Akin	Name of Father: Charles Andrew Ralls	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. H. Benson	Evidence reviewed by: Nancy Richards mr	Date Filed: July 3, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRAR'S RECORD

Registrar's No. [illegible]

Date of Birth: [illegible] 2 - 5 1912

Registrar's No.

1. Color or Race: White
2. Sex: M
3. Place of Birth: Cassia County, Elaine
4. County: Cassia
5. Date of Birth: Cassia, Idaho
6. Full Name of Father: Charles Andrew Ralls
7. State or Country of Father's Birth: Missouri
8. Full Maiden Name of Mother: Mary Geneva Akin
9. State or Country of Mother's Birth: Ore. Iowa, Oregon
10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]
12. Signature of Notary: [illegible]
13. Notary Commission Expires: [illegible]

SUPPORTING RECORD 1

Type of Document: Church Record
By whom Issued and Signature: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]
Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother: Genevia Ralls
Name of Father: Chas. A. Ralls

SUPPORTING RECORD 2

Type of Document: Affidavit by Mother, [illegible]
By whom Issued and Signed: Genevia Akin Ralls
Date Issued: [illegible]
Date Orig. Entry: [illegible]
Date of Birth: [illegible]
Birth Place: [illegible] Co. Oregon, [illegible]
Full Name of Mother: Mary Genevia Akin
Name of Father: Charles A. Ralls

SUPPORTING RECORD 3

Type of Document: Church Record
By whom Issued and Signed: [illegible]
Date Issued: [illegible]
Date Orig. Entry: March 4, 1947
Date of Birth: [illegible]
Birth Place: [illegible] Co. Oregon, [illegible]
Full Name of Mother: Mary Genevia Akin
Name of Father: Charles Andrew Ralls

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Evidence reviewed by: [illegible]

Date: July 2, 1950

851-212-028-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-678

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Josephine Yearout
2. Date Of Birth (month) (day) (year): Sept 12 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Coeur D'Alene

FATHER

6. Full Name of Father: Samuel Joseph Yearout
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Rose Etta ~~Yearout~~ Stillson
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma J. Zajackowski
11. Present Address of Registrant: 156 Ninth St Woodridge N. J.

NOTARY (Seal)

Subscribed and sworn to before me on: August 1, 1958
12. Signature of Notary: Gerald P. Jacobson
13. Notary Commission expires: GERALD P. JACOBSON NOTARY PUBLIC OF NEW JERSEY 19___ MY COMMISSION EXPIRES MAY 8, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Sept. 6, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 12, 1912	Kootenai Co. Coeur d'Alene, Idaho	Rosetta Stillson	Sam Joseph Yearout

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother (born 11-13-1898)	Clarance D. Yearout	7-27-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 12, 1912	Kootenai Co. Coeur d'Alene, Idaho	Etta Stilson Yearout	Samuel Joseph Yearout

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Washington Record #118 Reg. #138		child born Feb. 7, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 17	Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	Nancy Richards	Aug. 18, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

AUG 18

418-224-022-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-685

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Katherine Dahmer			2. Date Of Birth (month) 2 (day) 24 (year) 12	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Parker	
FATHER	6. Full Name of Father: George Dahmer			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Gross			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Katherine Dahmer Sreber		11. Present Address of Registrant: 4956 Fillmore St. Denver Colo.	
NOTARY (Seal)	Subscribed and sworn to before me on: august 2 1958	12. Signature of Notary: Henry C. Cook		13. Notary Commission expires: May 15. 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate	By whom issued and signed: F. Brennecke, Pastor		Date Issued:	Date Orig. Entry: Sept. 15, 1912
	Date of Birth: Feb. 24, 1912	Birth Place: Parker, Idaho	Full Name of Mother: Maria E. Gross	Name of Father: George Dahmer	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Denver Public Schools Denver, Colorado		Date Issued: 7-25-58	Date Orig. Entry: Sept. 6, 1922
	Date of Birth: Feb. 24, 1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: George Dahmer	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Denver Co., Denver, Colo.		Date Issued: 3-16-42	Date Orig. Entry: child born May 8, 1934
	Date of Birth: age 22	Birth Place: Parker, Idaho (Fremont Co.)	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Affidavit by neighbor at time of birth, age 75, 8-2-58: born Feb. 24, 1912 at Parker, Fremont Co., Idaho; parents George and Mary E. Dahmer.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron	Evidence reviewed by: Nancy Richards			Date Filed: Aug. 18, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Boise, Idaho

Type or print all items in black ink.

1. Name of person to be born	2. Date of birth (month, day, year)	3. Sex	4. Twin, triplet or other (specify)
5. Place of birth (county)		6. Name of hospital or other place	
7. City or town of birth		8. Is birthplace inside city limits?	
9. Name of father		10. Father's color or race	11. Father's birthplace (state or country)
12. Maiden name of mother		13. Mother's color or race	14. Mother's birthplace (state or country)
15. Father's occupation		16. Name of informant	17. Relationship to person named
18. Mailing address of informant			

I hereby certify that the above information is true to the best of my knowledge and belief.

19. Signature

20. Date signed (month, day, year)

21. Type or print name and title of person signing for institution

22. Name and address of person or institution having custody of child

23. Date child released from custody

24. Relationship of person releasing child to mother

I hereby certify that I have supervised the birth of the child named above, born at the time, date and place stated.

25. Signature and title of attending physician or other person in attendance at birth

26. Date signed

27. Address

28. If mother was not attended at birth, state reason why and name and address of person who has knowledge of the birth

29. Signature

30. Date signed

31. Address

32. Name of person who prepared this report (if other than physician)

33. Address

34. Date received by local registrar

35. Registered number

36. Date filed by State Registrar

37. Signature of State Registrar

38. Remarks

Boise, Idaho

Type or print all items in black ink.

1. Name of person to be born		2. Date of birth (month, day, year)	3. Sex
4. Place of birth (county)		5. Name of hospital or other place	
6. City or town of birth		7. Is birthplace inside city limits?	
8. Name of father		9. Father's color or race	10. Father's birthplace (state or country)
11. Maiden name of mother		12. Mother's color or race	13. Mother's birthplace (state or country)
14. Father's occupation		15. Name of informant	16. Relationship to person named
17. Mailing address of informant			

I hereby certify that the above information is true to the best of my knowledge and belief.

18. Signature

19. Date signed (month, day, year)

20. Type or print name and title of person signing for institution

21. Name and address of person or institution having custody of child

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25. Date signed

26. Address

27. If mother was not attended at birth, state reason why and name and address of person who has knowledge of the birth

28. Signature

29. Date signed

30. Address

31. Name of person who prepared this report (if other than physician)

32. Address

33. Date received by local registrar

34. Registered number

35. Date filed by State Registrar

36. Signature of State Registrar

37. Remarks

464-212-014-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-713

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROSA MOMBERG			2. Date of Birth (month) 5 (day) 12 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon County	b. City or Town of Birth: Caldwell	
FATHER	6. Full Name of Father: Justus W. Mamberg			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Mabel Hogan			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Rosa M Clark	11. Present Address of Registrant: 1709 Oak St Caldwell, Idaho P.O. Box 526	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 18 1958		12. Signature of Notary: R J Clark	13. Notary Commission expires: 10/10 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: Equitable Life Assurance Society	Date Issued: 4-10-33	Date Orig. Entry: Apr. 4, 1933
	Date of Birth: May 12, 1912	Birth Place: Canyon Co. Caldwell, Idaho	Full Name of Mother: Agnes C. Momberg	Name of Father: Justus W. Momberg	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 30, 1936
	Date of Birth: May 12, 1912	Birth Place: Canyon Co. Caldwell, Idaho	Full Name of Mother: Mabel Ellen Hogan	Name of Father: Justus William Momberg	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother's sister, age 60		By whom issued and signed: Rita Hogan	Date Issued: 8-18-58	Date Orig. Entry:
	Date of Birth: May 12, 1912	Birth Place: Caldwell, Idaho	Full Name of Mother: Mabel Momberg	Name of Father: Justus Momberg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards	Date Filed: Aug. 27, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT		2. Date of Birth	Month / Day / Year
			5 / 25 / 1952
	3. Sex	4. Place of Birth (County)	5. Birth or Town of Birth
	Female	Canyon	Caldwell
6. Name at Birth		7. State or Country of Birth	
		Idaho	
8. Name of Father		9. State or Country of Father's Birth	
Samuel Hopkins		Idaho	
10. Maiden Name of Mother		11. State or Country of Mother's Birth	
Mabel Hopkins		Idaho	

AFFIDAVIT — I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

SIGN HERE	12. Signature of Affiant	13. Relationship
		Self

SUBSCRIBED AND SWORN TO before me on

	14. Signature of Notary	15. Notary Commission Expires
		10

RECORDING	Type of Document	17. Name Changed and Signed	Date Issued / Month / Day / Year
	Delayed Certificate of Birth	Original Signature	10-30-52 Apr. 1, 1953
	18. Date of Birth	19. Place of Birth (County)	20. State
	1952	Canyon	Idaho
AMENDMENT AND CORRECTION	Type of Document	21. Name Issued and Signed	Date Issued / Month / Day / Year
	Original Delayed Record	Original Signature	Apr. 1, 1953
	22. Date of Birth	23. Full Name of Mother	24. Name of Father
	1952	Mabel Hopkins	Samuel Hopkins
	Type of Document	25. Name Issued and Signed	Date Issued / Month / Day / Year
			4-30-53
	26. Date of Birth	27. Full Name of Mother	28. Name of Father
	1952	Mabel Hopkins	Samuel Hopkins

If Amended Certificate, Item Numbers Changed

Amended	Previous Value	Correct Value

Delayed Certificate was filed on the basis of the affidavit of the person named in Item 12 and documentary evidence has been received, which substantiates the facts as set forth in the affidavit.

Date Filed	Informant Relationship	Informant Address
Aug. 27, 1958	Self	Caldwell

Date Filed	Delayed Registrar
Aug. 27, 1958	Nancy Adkinson

268-115-027-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-793

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leonard Sherman Boyd.
2. Date Of Birth (month) (day) (year): May 15 1912
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Jerome, Jerome
   b. City or Town of Birth: Jerome, Idaho

FATHER

6. Full Name of Father: Daniel Sherman Boyd.
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Nancy Katherine Sutton
9. State or Country of Mother's Birth: Arkansas.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leonard Sherman Boyd
11. Present Address of Registrant: 408 E AVE E Jerome Ida

NOTARY (Seal)

Subscribed and sworn to before me on August 2-1958
12. Signature of Notary: [redacted]
13. Notary Commission expires: [redacted] 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt & neighbor at time of birth (age 72)	Pearl Boyd	9-5-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 15, 1912	Jerome Co. Jerome, Idaho	Nancy Ketherine Boyd	Daniel Sherman Boyd

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Application	Idaho Mutual Benefit Assoc.		July 30, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 15, 1912	Jerome, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #224523		child born Aug. 12, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 22	Idaho	---	---

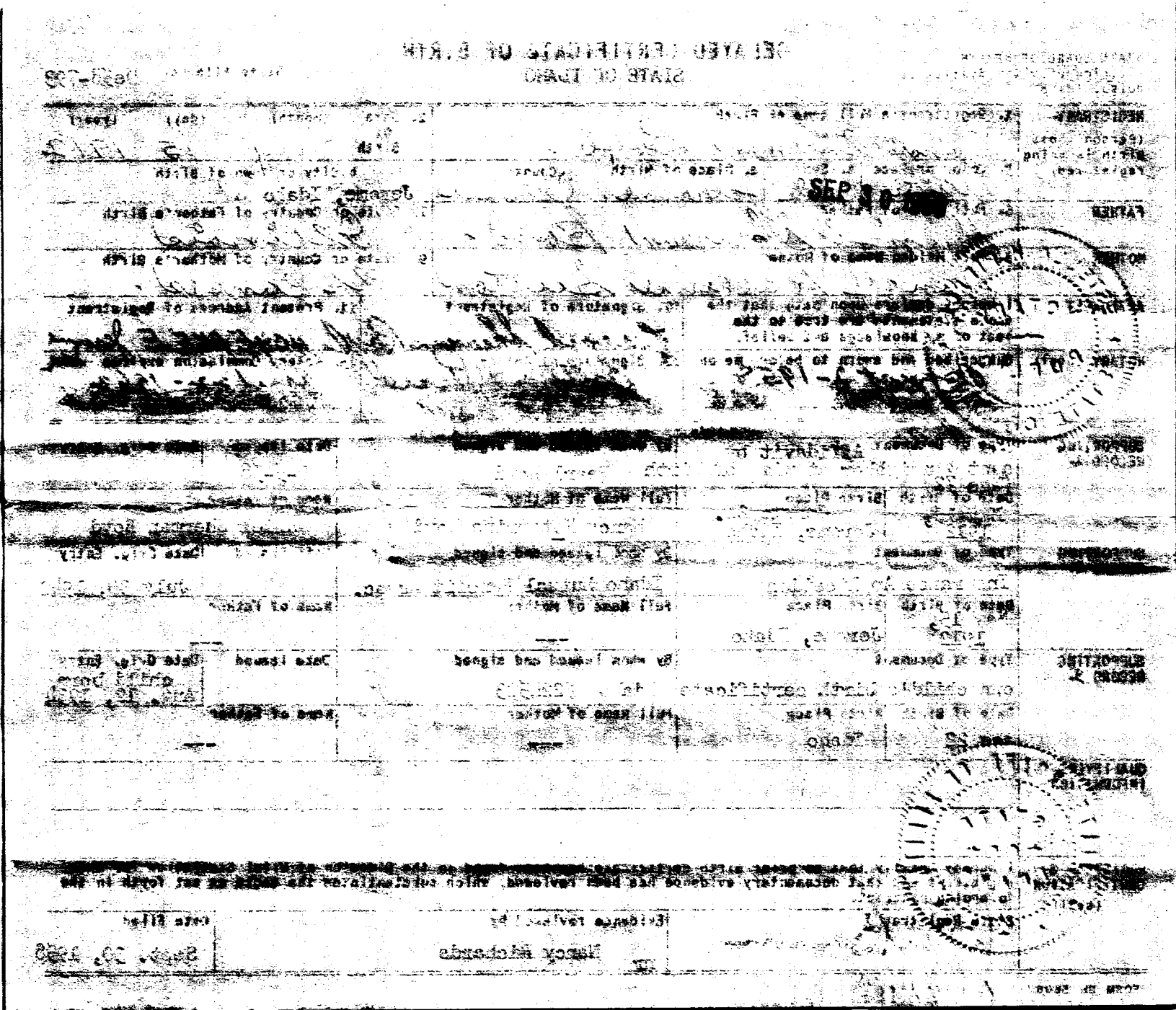
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Sept. 30, 1958

FORM BH 56067



815-207020-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-794

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lily Belle Haviland
2. Date Of Birth (month) (day) (year): Feb. 7 1912
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Elmore
b. City or Town of Birth: Mt. Home Ida.

FATHER

6. Full Name of Father: L. Z Haviland
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Ella Morgaret Filley
9. State or Country of Mother's Birth: North Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lily Belle Haviland Hand
11. Present Address of Registrant: Bremerton Wash 712 Thurlow Rd

NOTARY (Seal)

Subscribed and sworn to before me on: July 19 1958
12. Signature of Notary: Roger Williams
13. Notary Commission expires: March 17 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Washington #300	6-11-58	child born June 25, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 29	Mountain Home, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother.	Ella Margaret Filley Haviland Jones	7-16-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 7, 1912	Mt. Home, Idaho	Ella Margaret Filley Haviland	L. Z. Haviland

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Copy of Bible Record	original viewed by Notary Public Hazel M. Green, Sutherland, Oregon.	7-10-58	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 7, 1912	Mt. Home, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barsom	nr Nancy Richards	Sept. 30, 1958

FORM BH 56067

SEP 30

381-107-006-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-940

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SAMUEL ALONZO CHANDLER		2. Date of Birth (month) (day) (year): OCT. 7 1912
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: SPRINGFIELD BINGHAM b. City or Town of Birth: SPRINGFIELD
FATHER	6. Full Name of Father: HENRY WILLIAM CHANDLER		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: MARGARET MELISSA WHITNEY		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Samuel Alonzo Chandler	11. Present Address of Registrant: SPRINGFIELD
NOTARY (Seal)	Subscribed and sworn to before me on: November 18, 1958	12. Signature of Notary: Vera Belnap	13. Notary Commission expires: 4-14 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 87	By whom issued and signed: Margaret Melissa Whitney Chandler	Date issued: 10-30-58	Date Orig. Entry:
	Date of Birth: Oct. 7, 1912 / Birth Place: Bingham Co. Springfield, Idaho	Full Name of Mother: Margaret Melissa Whitney Chandler	Name of Father: Henry William Chandler	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: International Life Ins. Co.	Date issued:	Date Orig. Entry: Nov. 17, 1927
	Date of Birth: Oct. 7, 1912 / Birth Place: Springfield, Idaho	Full Name of Mother: Margaret M. Chandler	Name of Father: Henry W. Chandler	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #229593	Date issued:	Date Orig. Entry: child born Feb. 27, 1935
	Date of Birth: age 22 / Birth Place: Springfield, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	Nov. 26, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 2 6 1956

155-216-028-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-980

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marion Jennings			2. Date Of Birth (month) October (day) 16 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai Co.	b. City or Town of Birth: Coeur d'Alene, Idaho
FATHER	6. Full Name of Father: Howard William Jennings			7. State or Country of Father's Birth: Minneapolis, Minnesota
MOTHER	8. Full Maiden Name of Mother: Isadore Scott Decker			9. State or Country of Mother's Birth: Bangor, Maine
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Marion Jennings Cavanaugh	11. Present Address of Registrant: P.O. Box 43 Orchards, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: December 3, 1958		12. Signature of Notary: Lloyd D. Ferrell Vancouver, Wash.	13. Notary Commission expires: Oct. 12, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 75		By whom issued and signed: Isadore Jennings	Date Issued: 11-17-58	Date Orig. Entry:
	Date of Birth: Oct. 16, 1912	Birth Place: Kootenai Co. Coeur d'Alene, Idaho	Full Name of Mother: Isadore Scott Decker	Name of Father: Howard William Jennings	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Washington #48-7558	Date Issued: 11-24-58	Date Orig. Entry: child born Feb. 24, 1948
	Date of Birth: age 35	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: Bible Record--photostat		By whom issued and signed: original viewed by Lloyd D. Ferrell, Notary Public, Vancouver, Wash.	Date Issued: 12-3-58	Date Orig. Entry: obviously old
	Date of Birth: Oct. 16, 1912	Birth Place: —	Full Name of Mother: Isadore S. Jennings	Name of Father: Howard W. Jennings	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards nr	Dec. 10, 1958

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

DEC 10 1958

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth (Mo. Day Year)	October 16, 1952
	3. Sex	4. Place of Birth (County)	Bonneville Co.
	5. Place of Birth (City)	6. Place of Birth (State)	Ideal, Idaho
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	Minnesota
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	Bonner, Idaho
AFFIDAVIT	Hereby declare upon oath that the statements are true to the my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant: Box 32, Washington
NOTARY	14. Sworn and sworn to before me on 19	15. Signature of Notary	16. Notary Commission expires 19

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	11-17-[illegible]	
	Date of Birth	Full Name of Father	Name of Father	
	[illegible]	[illegible]	Howard [illegible]	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	11-[illegible]	[illegible]
	Date of Birth	Full Name of Mother	Name of Father	
	[illegible]	—	—	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth	Full Name of Mother	Name of Father	
	[illegible]	[illegible]	[illegible]	

CERTIFICATION

I hereby certify that no [illegible] certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the following statement.

Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Dec. 10, 1958

312 427 010 -769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-060

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lyle LeRoy Casper			2. Date Of Birth (month) October (day) 27 (year) 1912	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Ira winston Casper			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Eneid Zoe Portner			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lyle LeRoy Casper		11. Present Address of Registrant: Route 2, Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 30th 1958	12. Signature of Notary: Anna M. Lahr		13. Notary Commission expires: 6-1 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Nov. 23, 1937
	Date of Birth: Oct. 27, 1912	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Eneid Zoe Portner	Name of Father: Ira W. Casper	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census		Date Issued: 1-8-59	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 7	Birth Place: Idaho	Full Name of Mother: Enid R. Casper	Name of Father: Ira W. Casper	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father, age 71	By whom issued and signed: Ira Winston Casper		Date Issued: 12-31-58	Date Orig. Entry:
	Date of Birth: Oct. 27, 1912	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Eneid Zoe Casper	Name of Father: Ira Winston Casper	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barsom	Evidence reviewed by: Nancy Richards	Date Filed: Jan. 29, 1959

FORM BH 56067

JAN 29 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth: October [illegible] 1912
	3. Sex: [illegible] 4. Sex: male 5. Name of Birth: [illegible]	6. Place of Birth: Idaho Falls
FATHER	6. Full Name of Father: [illegible]	7. Date or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. Date or Country of Mother's Birth: Wisconsin
AFFIDAVIT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Route 2, Idaho Falls, Idaho
	12. Signature of Father: [illegible]	13. Notary Commission Expires: [illegible]

APPLICATION TO NOTARIZE DELAY TAKEN

SUPPORTING RECORD 1	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued: [illegible] Date Original Entry: [illegible]
	Date of Birth: [illegible]	Place of Birth: Idaho Falls, Idaho	Name of Father: Ira W. Cooper
SUPPORTING RECORD 2	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: [illegible] Date Original Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Father: Ira W. Cooper	Name of Mother: Ira W. Cooper
SUPPORTING RECORD 3	Type of Document: Affidavit by Sexton, [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible] Date Original Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Father: [illegible]	Name of Father: Ira Winston Cooper

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

Date Registered: [illegible]	Evidence Reviewed by: [illegible]	Date Filed: Jan. 2[illegible], 1959

316-111-026-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-068

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Milo Lawson			2. Date of Birth (month) 9 (day) 11 (year) 1912	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Ririe Jefferson Idaho	b. City or Town of Birth: Ririe	
FATHER	6. Full Name of Father: William Lawson			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Miller			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: William M Lawson	11. Present Address of Registrant: 163 2nd St. Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 19 19 59		12. Signature of Notary: R Vern Kidwell	13. Notary Commission expires: June 24 19 59	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: March 29, 1937
	Date of Birth: Sept. 11, 1912	Birth Place: Ririe, Idaho	Full Name of Mother: Sarah Ann Miller	Name of Father: William Lawson	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: Madison County, Idaho	Date Issued:	Date Orig. Entry: Feb. 1, 1949
	Date of Birth: age 36	Birth Place: Ririe, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #50-02745	Date Issued:	Date Orig. Entry: child born March 10, 1950
	Date of Birth: age 37	Birth Place: Ririe, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: Nancy Richards	Date Filed: Jan. 30, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 30 1959

236-107-003-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-309

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Basil Burton Stoddard
2. Date of Birth (month) (day) (year): January 7, 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Grace

FATHER

6. Full Name of Father: Elias Isreal Stoddard
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Clara May Burton
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Basil B. Stoddard
11. Present Address of Registrant: 350 East 4450 South, Washington Terrace, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: 27 March 1959
12. Signature of Notary: Alfred A. Rawlston
13. Notary Commission expires: 19 April 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Idaho Mutual Benefit Assoc.	6-7-49	June 4, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 7, 1912	Grace, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Grace Ward, Bannock Stake IDS Church	2-3-24	June 5, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 7, 1912	Bannock Co. Grace, Idaho	Clara May Burton	Elias Israel Stoddard

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	U. S. Army	discharged 1-11-46	inducted Nov. 12, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 7, 1912	Grace, Idaho	---	---

QUALIFYING INFORMATION

Personnel Action Form, Navy Dept.; Jan. 4, 1949: born 1-7-1912.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	April 6, 1959

FORM BH 56067

APR 9 1959

283-223-005-194

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-336

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laura Elizabeth Sythoff			2. Date Of Birth: (month) July (day) 23 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County	b. City or Town of Birth: St. Maries, Idaho	
FATHER	6. Full Name of Father: Ottowaugh Sythoff			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Laura Lucinda Armstrong			9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: (Mrs. Holcomb) Laura Elizabeth Sythoff		11. Present Address of Registrant: Gen.Del., Riverton, Wyoming	
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1959	12. Signature of Notary: Hazel Demmel		13. Notary Commission expires: Dec 18 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Laura Lucinda Kelley (now)		Date Issued: 11-13-58	Date Orig. Entry:
	Date of Birth: July 23, 1912	Birth Place: St. Maries, Idaho	Full Name of Mother: Laura Lucinda Armstrong	Name of Father: Ottowaugh Sythoff	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Nov. 29, 1936
	Date of Birth: July 23, 1912	Birth Place: St. Maries, Idaho	Full Name of Mother: Laura Lucinda Armstrong	Name of Father: Ottowaugh Sythoff	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Colorado #13952 File #1, Reg. #321		Date Issued: 2-10-59	Date Orig. Entry: child born Sept. 8, 1937
	Date of Birth: age 25	Birth Place: St. Mary's, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bowman	nr Nancy Richards	April 20, 1959

FORM BH 56067 1 copy paid

APR 20 1959

MAR 31 2003

962-222-014-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-417

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Mary Ireta Rose			2. Date Of Birth (month) (day) (year): March 22, 1912
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Bramwell
FATHER	6. Full Name of Father: Elmer Lee Rose			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Mabel Harrison			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary R. Ballard		11. Present Address of Registrant: 142 Adams Twin Falls. Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: October 8 1958	12. Signature of Notary: Hazel L. Hurlbert.		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file-Vital Statistics #224747		Date Issued:	Date Orig. Entry: child born 9-10-1934
	Date of Birth: Age 22	Birth Place: Bramwell, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Myron Whiteley, Bramwell Ward Clerk		Date Issued: July 11, 1920	Date Orig. Entry: Baptized July 10,1920
	Date of Birth: March 22, 1912	Birth Place: Bramwell, Idaho	Full Name of Mother: S. Mable Harrison	Name of Father: Elmer L. Rose	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Mabel H. Rose		Date Issued: October 9, 1958	Date Orig. Entry:
	Date of Birth: March 22, 1912	Birth Place: Bramwell, Idaho	Full Name of Mother: Sarah Mabel Harrison	Name of Father: Elmer Lee Rose	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Sharon E. Skaggs	Date Filed: May 15, 1959

FORM BH 56067

MAY 15 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 52-417

REGISTRAR	1. Registrar's Full Name at Birth: Mary Greta Rose	2. Date of Birth: March 22, 1912	
	3. Color or Race: Rose	4. Sex: Female	5. Place of Birth: Canyon
		6. City or Town of Birth: Bramwell	
FATHER	7. Full Name of Father: Elmer Lee Rose	8. State or Country of Father's Birth: Utah	
MOTHER	9. Full Maiden Name of Mother: Sarah Mabel Harrison	10. State or Country of Mother's Birth: Utah	
AFFIDAVIT	11. Hereby Declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrar: [signature]	13. Present Address of Registrar: [illegible]
NOTARY	14. Sworn and Subscribed to before me on: [illegible]	15. Signature of Notary: [illegible]	16. Notary Commission Expires: [illegible]

CERTIFICATE TO BE ISSUED BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Old Birth Certificate	By whom Issued and Signed: Vital Statistics	Date Issued: [illegible]
	Date of Birth: Age 22	Birth Place: Bramwell, Idaho	Full Name of Mother: ------
			Name of Father: ------
SUPPORTING RECORD 2	Type of Document: Certificate of Baptism and Confirmation	By whom Issued and Signed: Byron Whiteley, Bramwell Ward Clerk	Date Issued: July 11, 1929
	Date of Birth: March 22, 1912	Birth Place: Bramwell, Idaho	Full Name of Mother: S. Mable Harrison
			Name of Father: Elmer L. Rose
SUPPORTING RECORD 3	Type of Document: Affidavit by Mother	By whom Issued and Signed: Mabel H. Rose	Date Issued: October 9, 1958
	Date of Birth: March 22, 1912	Birth Place: Bramwell, Idaho	Full Name of Mother: Sarah Mabel Harrison
			Name of Father: Elmer Lee Rose

REGISTRAR'S CERTIFICATE (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence Reviewed	Date Filed
W.W. Benson	Sharon E. Skaggs	May 15, 1959

FORM DE 52-417

MAY 28 1959

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De59-503
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ... Days
   In THIS county 1 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address (For registration notice):
   Deceased
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Deceased Idaho

4. **FULL NAME OF CHILD** Lucille Elizabeth McDonald

5. **DATE OF BIRTH** (Month, day, year) May 23, 1912

6. Sex Female

7. ~~Twin~~ Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John A. McDonald

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Spencer City (City or Town) Iowa (State or foreign country)

14. Exact Occupation Banker

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nell McDaniels

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Woodstock (City or Town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ... M. on the date ... and at the place stated above, and that personal particulars were furnished by Frances McDonald (First name) (Last name), who is related to this child as Stepmother (Mother, etc.)

26. (a) May 28, 1959 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 5/10/59

AUG 7 1950

OCT 13 1950

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, given all the particulars required by this article, with the local registrar of the district in which the birth occurred, within [illegible] days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of [illegible]ment, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $200.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

455-20-044-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-514

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Juanita Lillian Denney			2. Date of Birth (month) December (day) 20 (year) 1912
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: Oscar Mason Denney, Sr.			7. State or Country of Father's Birth: Salbria, Idaho
MOTHER	8. Full Maiden Name of Mother: Iva Lee Thrall			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Juanita L. Walsh		11. Present Address of Registrant: 638 Martin Ave Hayward, California
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1959	12. Signature of Notary: Elmer C. Templeman		13. Notary Commission expires: August 19 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Iva Lee Denney		Date Issued: 4-16-59	Date Orig. Entry:
	Date of Birth: Dec. 20, 1912	Birth Place: Washington Co. Cambridge, Idaho	Full Name of Mother: Iva Lee Thrall Denney	Name of Father: Oscar Mason Denney, Sr.	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #184763		Date Issued:	Date Orig. Entry: child born Sept. 24, 1930
	Date of Birth: age 17	Birth Place: Cambridge, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Bible record--photostat	By whom issued and signed: original viewed by Notary Public Samuel F. Swayne; Orofino, Idaho.		Date Issued: 4-16-59	Date Orig. Entry: obviously old
	Date of Birth: Dec. 20, 1912	Birth Place: ---	Full Name of Mother: Iva Lena (Lee) Thrall	Name of Father: Oscar Mason Denney	

QUALIFYING INFORMATION: School Record, Clearwater Co. District Court; Orofino, Idaho, 4-28-59: age 14 as of Oct. 8, 1927; father-Oscar Denney.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	June 15, 1959	June 15, 1959

FORM BH 56067

JUN 15 1959

259-231-043-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-543

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jenney Hope Kerby
2. Date Of Birth: (month) Oct. (day) 31 (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Idaho — a. County: Valley — b. City or Town of Birth: Alpha

FATHER

6. Full Name of Father: William Kerby
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Jenney Mae Hawkins
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hope J. Kerby
11. Present Address of Registrant: 8611 Trask, Westminster, Calif

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 14 1959
12. Signature of Notary: Jewell McComic
13. Notary Commission expires: July 2 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother, age 78	Jenney Mae Kerby	2-14-59	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct. 31, 1912 / Valley Co. Alpha, Idaho	Jenney Mae Kerby	William Kerby	
SUPPORTING RECORD 2.	Marriage Record	Yuma County, Arizona		June 11, 1934
	age 21 / ---	---	---	
SUPPORTING RECORD 3.	own child's birth certificate	Long Beach Health Dept. Long Beach, Calif.	8-9-55	child born June 26, 1947
	age 34 / Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Nancy Richards
Date Filed: June 22, 1959

FORM BH 56067

JUN 22 1950

376-202-035-772

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-598

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDITH MAE CLOUSER			2. Date of Birth (month) (day) (year): September 2, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Gifford
FATHER	6. Full Name of Father: John Alvin Clouser			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Bessie Olive Gibson			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Mae Monroe		11. Present Address of Registrant: Culdesac, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 29 1959	12. Signature of Notary: Owen L. Knowlton		13. Notary Commission expires: Dec. 11, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 72	By whom issued and signed: Bessie Olive Clouser	Date Issued: 6-15-59	Date Orig. Entry:	
	Date of Birth: Sept. 2, 1912	Birth Place: Gifford, Idaho	Full Name of Mother: Bessie Olive Clouser	Name of Father: John Alvin Clouser	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Columbia Co., Washington	Date Issued: 6-19-59	Date Orig. Entry: Jan. 31, 1931	
	Date of Birth: age 18	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital Record	By whom issued and signed: St. Joseph's Hospital	Date Issued: June 5, 1959	Date Orig. Entry: March 10, 1952	
	Date of Birth: Sept. 2, 1912	Birth Place: Gifford, Idaho	Full Name of Mother: --	Name of Father: --	

QUALIFYING INFORMATION

Statement regarding school record of Licensed Practical Nursing, issued by St. Joseph's Hospital by Sister Mary Cyril, dated Oct. 13, 1952, shows birthplace as Gifford Idaho. Statement issued July 20, 1959.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	nr Sharon E. Skaggs	July 20, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (First, middle, last)	2. Sex
DOROTHY MAE CLOCKSER	White Female
3. Date of birth (Month, day, year)	4. Place of birth (County)
September 2, 1912	Ada Boise
5. City or town of birth	6. Is birthplace in incorporated limits?
Boise	Yes
7. Name of hospital (If not in hospital, give street address)	
Not in hospital	
8. Full name of father	9. Father's color or race
John Alvin Clocksser	White
10. Father's birthplace (State or foreign country)	11. Father's age at last birthday
Pennsylvania	39
12. Father's occupation (Kind of work done during most of working life, even though retired)	
Farmer	
13. Full maiden name of mother	14. Mother's color or race
Bessie Clara Gibson	White
15. Mother's birthplace (State or foreign country)	16. Mother's age at last birthday
Washington	32
17. Mother's occupation (Kind of work done during most of working life, even though retired)	
Housewife	
18. Informant's mailing address	
Emmett, Idaho	
19. Informant's relationship to child	
Mother	

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on [illegible] 19 32

Signature of Notary

Notary Public

Residing at Emmett, Idaho

My commission expires [illegible]

FOR LOCAL REGISTRAR — DO NOT WRITE BELOW THIS LINE

Local registration district	Registered number
Boise	72
Date of certificate	Signature of local registrar
Jan. 23, 1932	Jessie Clare Clocksser

SUPPLEMENTAL REPORT

Date of marriage	Place of marriage (State, county, and city or town)
May 12 1932	Emmett, Gem County, Idaho
Maiden name of bride	Age at last birthday
Dorothy Mae Clocksser	19
Birthplace (State or foreign country)	Residence at time of marriage (State, county, and city or town)
Idaho	Emmett, Gem County, Idaho
Occupation	Color or race
Housework	White
Full name of husband	Age at last birthday
Ralph Edwin Clocksser	21
Birthplace (State or foreign country)	Residence at time of marriage (State, county, and city or town)
Idaho	Emmett, Gem County, Idaho
Occupation	Color or race
Farming	White
Number of previous marriages	Number of previous divorces
None	None
Witness to marriage	Witness to marriage
Mrs. Ralph Clocksser	Emmett, Idaho

AFFIDAVIT OF PERSON SUPPLYING INFORMATION

I hereby certify that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me this 23rd day of January, 1932

Signature of Person Administering Oath

Title

CERTIFICATE OF REGISTRAR

I hereby certify that the above statements are true to the best of my knowledge and belief.

Registered January 23, 1932

Signature of Registrar

CERTIFICATE OF PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of the above child, who was born alive at the time stated above.

Signature

Address

Date signed

CERTIFICATE OF CLERGYMAN

I hereby certify that I solemnized the marriage of the above named persons at the time and place stated above.

Signature

Address

Date signed

CERTIFICATE OF PERSON HAVING KNOWLEDGE OF BIRTH

I hereby certify that I have knowledge of the birth of the above child, who was born alive at the time stated above.

Signature

Address

Date signed

CERTIFICATE OF PERSON HAVING KNOWLEDGE OF MARRIAGE

I hereby certify that I have knowledge of the marriage of the above named persons, which occurred at the time and place stated above.

Signature

Address

Date signed

CERTIFICATE OF PERSON HAVING KNOWLEDGE OF PARENTAGE

I hereby certify that I have knowledge of the parentage of the above child.

Signature

Address

Date signed

AFFIDAVIT OF PERSON HAVING KNOWLEDGE OF BIRTH

I hereby certify that I have knowledge of the birth of the above child, who was born alive at the time stated above.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

Signature of Person Administering Oath

Title

AFFIDAVIT OF PERSON HAVING KNOWLEDGE OF MARRIAGE

I hereby certify that I have knowledge of the marriage of the above named persons, which occurred at the time and place stated above.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

Signature of Person Administering Oath

Title

AFFIDAVIT OF PERSON HAVING KNOWLEDGE OF PARENTAGE

I hereby certify that I have knowledge of the parentage of the above child.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

Signature of Person Administering Oath

Title

AFFIDAVIT OF PERSON REGISTERING DELAYED CERTIFICATE

I hereby certify that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me this 23rd day of January, 1932

Signature of Person Administering Oath

Title

DOCUMENTARY EVIDENCE

Kind of documentary evidence	Date issued
Baptismal Record	June 3, 1959
Name and address of issuing custodian	
Assumption Church, Boise, Idaho	

EVIDENCE REQUIRED BY STATE REGISTRAR

Kind of documentary evidence	Date issued
Statement regarding school record of licensed practice nursing, issued by State Board of Nurse Examiners	March 10, 1932
Statement issued by Bishop Henry Quelle, Boise, Ida., 1932	

STATE REGISTRAR'S NOTICE OF REJECTION

A birth certificate or prior birth certificate was once filed in the Division of Vital Statistics for this registrant and no documentary evidence has been received which substantiates the facts as set forth in the foregoing statement.

State Registrar	Date filed
F.M. Kellum	May 20, 1932
Evidence received by	
Dorothy E. Clocksser	

389-113-016 -291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-694

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Chris Julius Christensen
2. Date Of Birth: (month) April (day) 13 (year) 1912
3. Color or Race: W
4. Sex: M
5. Place of Birth: Idaho a. County: Cassia
b. City or Town of Birth: Naf on Raft River

FATHER

6. Full Name of Father: Julius Christensen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Bradshaw
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Chris Julius Christensen
11. Present Address of Registrant: I606 N.7TH Boise, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: August 18 19 59

12. Signature of Notary: Richard J. Christensen
13. Notary Commission expires: 23 October 19 62

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Own child's birth certificate
By whom issued and signed: Idaho #237409
Date Issued:
Date Orig. Entry: child born Oct 2, 1935
Date of Birth: Age 23
Birth Place: Raft River, Idaho
Full Name of Mother: —
Name of Father: —

SUPPORTING RECORD 2.

Type of Document: Request for Group Insurance report form
By whom issued and signed: Idaho Creameries
Date Issued: May 9,1944
Date Orig. Entry: May 9, 1944
Date of Birth: April 13, 1912
Birth Place: —
Full Name of Mother: —
Name of Father: —

SUPPORTING RECORD 3.

Type of Document: Affidavit by Mother
By whom issued and signed: Sarah Christensen
Date Issued: 8-19-1959
Date Orig. Entry: 8-19-1959
Date of Birth: April 13, 1912
Birth Place: Naf on Raft River, Idaho
Full Name of Mother: Sarah Bradshaw
Name of Father: Julius Christensen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: bf Joyce B. Foltz
Date Filed: Aug 20,1959

FORM BH 56067

2 copies paid —

AUG 20 1980

JAN 16 1975

OCT 24 1980

DECEASED

194-219-039-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-765

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Iona Armstrong		2. Date Of Birth (month) June (day) 19th, (year) 1912.
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Power; b. City or Town of Birth: on farm near Roy, Idaho
FATHER	6. Full Name of Father: Joseph Merritt Armstrong		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Eliza Kent		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Iona Schmett	11. Present Address of Registrant: American Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 15 1959	12. Signature of Notary: W. Choofbourrow Residing at American Falls, Idaho.	13. Notary Commission expires: January 3d, 1963.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Gem State Mutual Life Assoc.	Date issued: 7-13-39	Date Orig. Entry: July 11, 1939
	Date of Birth: June 19, 1912; Birth Place: Roy, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date issued: 8-11-59	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 7; Birth Place: Idaho	Full Name of Mother: —	Name of Father: Joseph Armstrong	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Attending Physician	By whom issued and signed: V. G. Logan, M.D. (Power Co.)	Date issued: 9-12-59	Date Orig. Entry:
	Date of Birth: June 19, 1912; Birth Place: Oneida Co. (now Power) near Roy, Idaho	Full Name of Mother: Eliza Kent Armstrong	Name of Father: Joseph Merritt Armstrong	
QUALIFYING INFORMATION	Own child's birth certificate, Idaho #354732: age 30 as of July 12, 1942; born- Roy, Idaho.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards nr	Date Filed: Sept. 16, 1959

FORM BH 56067

SEP 16 1936

255-116-005-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-849

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FAY RODERICK KEEN		2. Date Of Birth (month) (day) (year): APRIL 16, 1912
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BENEWAH; b. City or Town of Birth: SAINT MARIES
FATHER	6. Full Name of Father: JAMES THOMAS KEEN		7. State or Country of Father's Birth: UNITED STATES OF AMERICA
MOTHER	8. Full Maiden Name of Mother: LILLIE PEARL COLWELL		9. State or Country of Mother's Birth: UNITED STATES OF AMERICA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fay Roderick Keen	11. Present Address of Registrant: 263 NEWPORT GROVER CITY, CALIFORNIA
NOTARY (Seal)	Subscribed and sworn to before me on: October 2 1959	12. Signature of Notary: Willie M. Keen	13. Notary Commission expires: March 9 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Bureau of the Census	Date issued: 9-22-59	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 7	Birth Place: Idaho	Full Name of Mother: Pearl L. Keen	Name of Father: James T. Keen	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Nov. 27, 1936
	Date of Birth: April 16, 1912	Birth Place: St. Mary's, Idaho	Full Name of Mother: Lilie Pearl Colwell	Name of Father: James T. Keen	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Washington #206	Date issued: 8-6-59	Date Orig. Entry: child born July 15, 1937
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Cradle Roll Certificate, Methodist Sunday School; Sept. 10, 1912: born on April 16, 1912.

Marriage Record, Kitsap County, Wash., 7-17-59: age 24 as of Oct. 7, 1936; mother-Mrs. James T. Keen.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Nancy Richards	Oct. 21, 1959

FORM BH 56067

2 copies pd Receipt # 11935

OCT 21 1959

845-127-026-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-879

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wann Hamilton Hunter			2. Date Of Birth (month) (day) (year): September 27, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson Co.	b. City or Town of Birth: Rigby, Idaho
FATHER	6. Full Name of Father: Daniel Wann Hunter, Jr.			7. State or Country of Father's Birth: Salt Lake City, Utah
MOTHER	8. Full Maiden Name of Mother: Ruth Helen Hamilton			9. State or Country of Mother's Birth: Leland, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wann H. Hunter		11. Present Address of Registrant: 955 Vassar St. Reno, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: October 26, 1959	12. Signature of Notary: Phyllis Apodaca		13. Notary Commission expires: Aug. 22, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Registration	By whom issued and signed: Social Security	Date Issued:	Date Orig. Entry: May 22, 1941
	Date of Birth: Sept. 27, 1912 / Birth Place: Jefferson Co. Rigby, Idaho	Full Name of Mother: Ruth Helen Hamilton		Name of Father: Daniel Warren Hunter
SUPPORTING RECORD 2.	Type of Document: Selective Service Record	By whom issued and signed: Selective Service System Sacramento, Calif.	Date Issued: 10-7-59	Date Orig. Entry: Oct. 16, 1940
	Date of Birth: Sept. 27, 1912 / Birth Place: Rigby, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Designation or Change of Beneficiary Form	By whom issued and signed: Railroad Retirement Board	Date Issued:	Date Orig. Entry: May 22, 1941
	Date of Birth: Sept. 27, 1912 / Birth Place: ---	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: mr Nancy Richards	Date Filed: Oct. 30, 1959

FORM BH 56067

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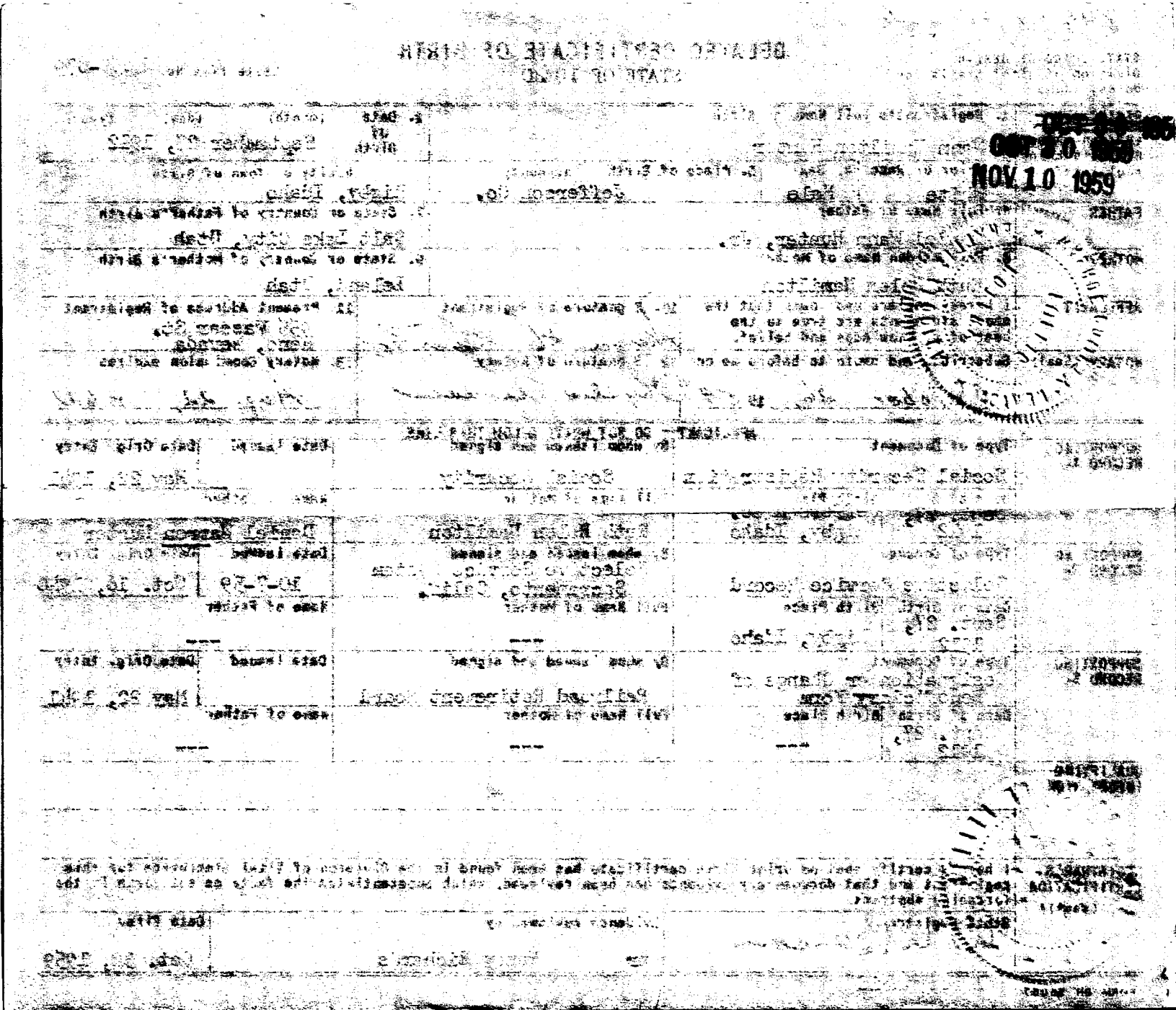

193-204-001-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-949

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Roberta Eloise Arthur
2. Date Of Birth: (month) 7- (day) 4- (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Ada Co. b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: Robert W. Arthur
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Ada Irene Rose
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Roberta Hunt
11. Present Address of Registrant: P.O. Box 836, Inglewood, Calif

NOTARY (Seal)

Subscribed and sworn to before me on: July 15 1959
12. Signature of Notary: Keith [illegible]
13. Notary Commission expires: April 23 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother, age 62	Ada Irene Arthur	7-17-59	
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	July 4, 1912	Boise, Idaho	Ada Irene Rose Arthur	Robert W. Arthur
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #184819	Date Issued:	Date Orig. Entry: child born Sept. 29, 1930
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	age 18	Idaho	---	---
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: June 18, 1942
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	July 4, 1912	Boise, Idaho	Ada Irene Rose	Robert W. Arthur

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	Nov. 20, 1959

FORM BH 56067

NOV 20 1969

MAR 20 1975

914-10(1041-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1018
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Myron Kay Rammell
2. Date Of Birth (month) (day) (year): Aug. 2 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Haden, Teton
b. City or Town of Birth: Hayden, Idaho

FATHER

6. Full Name of Father: Charles Herbert Rammell
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Haroldsen
9. State or Country of Mother's Birth: Norway

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Myron Kay Rammell
11. Present Address of Registrant: Spencer, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 24 1959
12. Signature of Notary: Dwight Strong
13. Notary Commission expires: March 7 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*_____	Affidavit by father's brother (neighbor at time of birth, age 74)	Parley S. Rammell	8-24-59	
	Date of Birth Aug. 2, 1912	**Birth Place** (State not Haden shown)	**Full Name of Mother** Mary Haroldsen	**Name of Father** Charles H. Rammell
SUPPORTING RECORD 2. Class_____	Church Record-Blessing	Beaver Creek Ward, Rigby Stake, LDS Church, Dubois, Ida.	9-15-59	Sept. 1, 1912
	Date of Birth Aug. 2, 1912	**Birth Place** Haden, Idaho	**Full Name of Mother** Mary Haroldsen	**Name of Father** Charles H. Rammell
SUPPORTING RECORD 3. Class_____	Baptismal Certificate	Tetonia Ward, LDS Church		Sept. 4, 1920
	Date of Birth Aug. 2, 1912	**Birth Place** Haden, Idaho	**Full Name of Mother** Mary Haroldson	**Name of Father** Charles H. Rammell

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Dec. 24, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

DEC 28 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth
	3. Color or Race 4. Sex 5. Place of Birth a. County	
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant / 11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 19	12. Signature of Notary / 13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father's Mother	Date of Birth: 2, 1952	Birth Place: [illegible]	By whom issued and signed: Mary Haroldson	Date Issued: 8-24-59 / Date Orig. Entry:
				Full Name of Mother: Mary Haroldson	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Church Record-Clearing	Date of Birth: 2, 1952	Birth Place: Hadan, Idaho	By whom issued and signed: Heaven Creek Ward, Stake, [illegible], Idaho	Date Issued: 9-25-59 / Date Orig. Entry: Sept. 1, 1959
				Full Name of Mother: Mary Haroldson	Name of Father: Charles H. Haroldson
SUPPORTING RECORD 3.	Type of Document: Sentinel Certificate	Date of Birth: 2, 1952	Birth Place: Hadan, Idaho	By whom issued and signed: Tetonia Ward, [illegible]	Date Issued: / Date Orig. Entry: Sept. 1, 1959
				Full Name of Mother: Mary Haroldson	Name of Father: Charles H. Haroldson
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Status Registrar	Evidence reviewed by	Date Filed
	Mary Richards	Dec. 24, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DEH 40067

792 702 1014-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-044

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eldro Fred Gissel			2. Date of Birth (month) December (day) 2 (year) 1912
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Soren Gissel			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Sina Mickelson			9. State or Country of Mother's Birth: Minnisota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eldro Fred Gissel		11. Present Address of Registrant: Star Rte Payette Idaho
NOTARY (Seal)	Subscribed and sworn to before me on January 18 1960	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 18 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: First Presbyterian Church, Payette, Idaho	Date Issued: Feb. 12, 1913	Date Orig. Entry: Feb. 12, 1913
	Date of Birth: Dec. 2, 1912 / Birth Place: Idaho	Full Name of Mother: Sina Gissel	Name of Father: Soren Gissel	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #310952	Date Issued: --	Date Orig. Entry: child born Mar. 23, 1941
	Date of Birth: age 28 / Birth Place: Payette, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Sina Gissel	Date Issued: --	Date Orig. Entry: Jan. 18, 1960
	Date of Birth: Dec. 2, 1912 / Birth Place: Payette, Idaho	Full Name of Mother: Sina Mickelson	Name of Father: Soren Gissel	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	Jan. 18, 1960

FORM BH 56067

JAN 19 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. Dec 60-14

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Aldro Fred Gissel	2. Date of Birth (month) (day) (year): December 2, 1912
	3. Color or Race: White; 4. Sex: male; 5. Place of Birth: a County: Canyon	Fully or Town of Birth: Payette
FATHER	6. Full Name of Father: Soren Gissel	7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Name of Mother: Sina Mickelsen	9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY	Subscribed and sworn to before me on	12. Signature of Notary:
		13. Notary Commission expires:

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: First Presbyterian Church, Payette, Idaho	Date Issued: Feb. 12, 1913	Date Orig. Entry: Feb. 12, 1913
	Date of Birth: Dec. 2, 1912; Birth Place: Idaho	Full Name of Mother: Sina Gissel	Name of Father: Soren Gissel	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #3:0952	Date Issued: --	Date Orig. Entry: child born Mar. 23, 1941
	Date of Birth: age 28; Birth Place: Payette, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Sina Gissel	Date Issued: --	Date Orig. Entry: Jan. 18, 1960
	Date of Birth: Dec. 2, 1912; Birth Place: Payette, Idaho	Full Name of Mother: Sina Mickelsen	Name of Father: Soren Gissel	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Rev.): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] Benson	Lois Ayers	Jan. 18, 1960

FORM ON BOOK

593-227:028-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-099

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CATHERINE RIODEL VICKERS	2. Date of Birth (month) (day) (year): DEC. 27 1912
	3. Color or Race: WHITE; 4. Sex: F; 5. Place of Birth a. County: IDAHO	b. City or Town of Birth: COEUR D'ALENE
FATHER	6. Full Name of Father: ARTHUR ALLEN VICKERS	7. State or Country of Father's Birth: SALIDA COLORADO
MOTHER	8. Full Maiden Name of Mother: LAURA ELIZABETH BELL	9. State or Country of Mother's Birth: CANADA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Catherine Vickers Ambold; 11. Present Address of Registrant: 2828 BELLAIRE STREET DENVER 7 COLORADO
NOTARY (Seal)	Subscribed and sworn to before me on: Feb-1 1960	12. Signature of Notary: E.W. Shelton; 13. Notary Commission expires: My Commission expires Feb. 3, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept., S. S. Board	Date issued:	Date Orig. Entry: March 23, 1945
	Date of Birth: Dec. 27, 1912; Birth Place: Ceour-De-Laine, Idaho	Full Name of Mother: Laura Elizabeth Bell	Name of Father: Arthur Allen Vickers	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Denver Public Schools Denver, Colo.	Date issued: 1-5-60	Date Orig. Entry: 9-9-25
	Date of Birth: Dec. 27, 1912; Birth Place: ---	Full Name of Mother: Laura Vickers	Name of Father: Arthur A. Vickers	
SUPPORTING RECORD 3.	Type of Document (13 yrs. senior): Affidavit by cousin	By whom issued and signed: Evaline Grant Knowles	Date issued: 2-1-60	Date Orig. Entry:
	Date of Birth: Dec. 27, 1912; Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Laura Bell Vickers	Name of Father: Arthur Allen Vickers	
QUALIFYING INFORMATION	Certificate of Registration, Election Commission, Denver, Colo.; 1-4-60: age 35 as of Oct. 18, 1948.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 4, 1960

FORM BH 56067 12-8-59 one copy paid #17826

FEB 4 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. 1960-059

REGISTERED	1. Registrar's Full Name of Birth	2. Date of Birth (Month, Day, Year)
(Person who is alive in being registered)	3. Color or Race	4. Sex
	5. Place of Birth (Country)	6. Place of Birth (City or Town)
		7. Birth or Country of Father's Birth
FATHER	Full Name of Father	
		8. Birth or Country of Mother's Birth
MOTHER	Full Name of Mother	
		9. Birth or Country of Mother's Birth
	10. Date of Birth (Month, Day, Year)	11. Present Address of Registrant
	12. Signature of Registrant	
	13. Signature of Notary	14. Notary Commission expires
		My Commission expires Feb. 3, 1962

SUPPORTING RECORD 1

Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept., S. S. Board		March 23, 1960
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 27, 1912	Sour-Ta-Laino	[illegible]	[illegible]

SUPPORTING RECORD 2

Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
School Record	[illegible]	1-5-60	[illegible]
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 27, 1912		Laura Vickers	Arthur A. Vickers

SUPPORTING RECORD 3

Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
Vital Statistics Record	Wyoming Grant Knowles	2-1-60	
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 27, 1912	Sour d'Alene, Idaho	Laura Bell Vickers	Arthur Allen Vickers

QUALIFIED (FORMALLY)

Certificate of Registration, Election Commission, Lemon, Cole.; 1-4-60: Was 35 as of Dec. 27, 1912.

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that accompanying evidence has been reviewed, which substantiates the facts as set forth to the foregoing statement.

Chief Registrar	Evidence reviewed by	Date Filed
	Mary Richards	Feb. 4, 1960

FORM NO. 1960-1 [illegible] 1-8-60 [illegible] 1-8-60 [illegible] #17896

217-118-028-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-156

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Stevenson Baxter			2. Date Of Birth (month) October (day) 18 (year) 1912
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d' Alene
FATHER	6. Full Name of Father: William James BAXTER			7. State or Country of Father's Birth: Ontario, Canada
MOTHER	8. Full Maiden Name of Mother: Mary Cochran Stevenson			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James S. Baxter		11. Present Address of Registrant: 10 Tower Lane Yakima Wash
NOTARY (Seal)	Subscribed and sworn to before me on: February 15, 1960	12. Signature of Notary: Lloyd R. Mansfield		13. Notary Commission expires: Nov. 22, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. (age 37)	Type of Document: Hospital Record	By whom issued and signed: St. Elizabeth Hospital Yakima, Washington		Date Issued: 2-15-60	Date Orig. Entry: May 29, 1950
	Date of Birth: Oct. 18, 1912	Birth Place: Idaho	Full Name of Mother: Mary Stevenson	Name of Father: William Baxter	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Glacier County, Montana		Date Issued:	Date Orig. Entry: Sept. 11, 1937
	Date of Birth: age 24	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Mary Stevenson	Name of Father: Wm. J. Baxter	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: New York Life Ins. Co.		Date Issued: 10-10-28	Date Orig. Entry: Oct. 4, 1928
	Date of Birth: Oct. 18, 1912	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Mary C. Baxter	Name of Father: William James Baxter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	Nancy Richards	Feb. 23, 1960

FORM BH 56067 2-10-60

FEB 24 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State Filing No. [illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: (month) (day) (year) [illegible]
	3. Color or Race: [illegible] 4. Sex: [illegible]	5. Place of Birth: [illegible] County: [illegible] City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
	12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]

[illegible] OF PERSONAL REGISTRATION
[illegible] NOTARY PUBLIC
[illegible] NOV 22 1960

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Hospital Record	By whom issued and signed: [illegible]	Date Issued: 2-15-60	Date Orig. Entry: May 20, 1960
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: William Baxter	
SUPPORTING RECORD 2	Type of Document: [illegible] Record	By whom issued and signed: Bingham County, Montana	Date Issued:	Date Orig. Entry: Sept. [illegible], 1932
	Date of Birth: Aug 24	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible] Baxter
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: New York Life Ins. Co.	Date Issued: 10-10-28	Date Orig. Entry: Oct. 4, 1928
	Date of Birth: Oct. [illegible], 1912	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: [illegible]	Name of Father: William James Baxter
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible]

State Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: Feb. 23, 1960

FORM 8H 6[illegible] 2-10-60

962-130-028-556

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De60-236
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frank Ross
2. Date of Birth: July 30 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Kootenai (Rathdrum Co.) b. City or Town of Birth: Rathdrum Idaho

FATHER

6. Full Name of Father: William Richard Ross
7. State or Country of Father's Birth: Tipton Co. Iowa 1865

MOTHER

8. Full Maiden Name of Mother: Arabilla Newkirk
9. State or Country of Mother's Birth: Tipton Co. Iowa 1874

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frank Ross
11. Present Address of Registrant: 354 E. Paul, Twin Falls

NOTARY (Seal)

Subscribed and sworn to before me on 4-5 1958
12. Signature of Notary: Floyd E. Anderson
13. Notary Commission expires: 9-25 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Family Record	July 30, 1912	Rathdrum, Idaho	Original viewed by Bureau of Vital Statistics	Arabille Newkirk	5-5-58	William R. Ross	dated 3-13-1930 obviously old
SUPPORTING RECORD 2. Class B	Affidavit by brother over 19 at time of this birth	July 30, 1912	Rathdrum, Idaho	Charles A. Ross	----	5-31-58	----	
SUPPORTING RECORD 3. Class B (age 20)	Hospital Record	July 30, 1912	Rathdrum, Idaho	Bryan Memorial Hospital Lincoln, Nebraska	----	2-2-60	----	May 17, 1933

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	March 18, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 18 1980

666-118-020-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-278

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martin Gifford Woodward			2. Date Of Birth (month) May (day) 18 (year) 1912	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: King Hill / Elmore	b. City or Town of Birth: King Hill	
FATHER	6. Full Name of Father: Adolph Silas Woodward			7. State or Country of Father's Birth: Iowa, Lewis	
MOTHER	8. Full Maiden Name of Mother: Bessie Clara Gifford			9. State or Country of Mother's Birth: Ithaca New York, Tompkins	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martin Gifford Woodward		11. Present Address of Registrant: King Hill, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 19th 1959	12. Signature of Notary: Geo F. Patterson		13. Notary Commission expires: Feb 20 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal aunt (age 75)	By whom issued and signed: D. Estelle Gifford		Date Issued: 11-20-59	Date Orig. Entry:
	Date of Birth: May 18, 1912	Birth Place: Kinghill, Idaho	Full Name of Mother: Bessie Gifford Woodward	Name of Father: Adolph Woodward	
SUPPORTING RECORD 2. (age 40)	Type of Document: Insurance Application	By whom issued and signed: Sterling Ins. Co. Chicago, Ill.		Date Issued:	Date Orig. Entry: March 13, 1953
	Date of Birth: May 18, 1912	Birth Place: Elmore Co. King Hill, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census		Date Issued: 3-16-60	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 7	Birth Place: Idaho	Full Name of Mother: Bessie Woodward	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	March 29, 1960

FORM BH 56067 11-3-59

MAR 29 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

Filing No. 2068-270

REGISTRAR

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Color or Race
4. Sex
5. Place of Birth
6. Country
7. Birth Place of Birth
8. Full Name of Father
9. State or Country of Father's Birth
10. Maiden Name of Mother
11. State or Country of Mother's Birth
12. Signature of Registrant
13. Present Address of Registrant
14. Subscribed and sworn to before me on
15. Signature of Notary
16. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by [illegible]	[illegible]	11-[illegible]-50	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible] 1922	[illegible], Idaho	[illegible] Hedward	Adolph Wo[illegible]

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible] Application	[illegible] Chicago, Ill.		[illegible], 1903

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible] 1922	[illegible] Co. [illegible], Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	[illegible] of the Census	1-1-50	Jan. 1, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 7	Idaho	[illegible]	---

DESCRIPTION INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Board Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	March 29, 1960

FORM NO. 55047 11-3-59

093-208-022-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-608

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Bills		2. Date Of Birth (month) December (day) 8 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Rigby, Idaho
FATHER	6. Full Name of Father: Rufus Gordon Bills		7. State or Country of Father's Birth: Manassa Conejos County, Colo.
MOTHER	8. Full Maiden Name of Mother: Zora Wright		9. State or Country of Mother's Birth: Provo, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Bills Smith	11. Present Address of Registrant: 6635 North Central Ave. Phoenix, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 1960	12. Signature of Notary: Marguerite B. Moore	13. Notary Commission expires: My Commission Expires Sept. 19-1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Record of Membership	By whom issued and signed: L.D.S. Church, Salt Lake City, Utah. Ella D. Jack, Custodian	Date Issued: May 9, 1960	Date Orig. Entry: baptized Feb 5, 1921
	Date of Birth: Dec 8, 1912; Birth Place: Rigby, Idaho	Full Name of Mother: Zora Wright	Name of Father: Rufus G. Bills	
SUPPORTING RECORD 2.	Type of Document: affidavit by Uncle	By whom issued and signed: Louis A. Wright, age 62	Date Issued: June 22, 1960	Date Orig. Entry:
	Date of Birth: Dec. 8, 1912; Birth Place: Rigby, Idaho	Full Name of Mother: Zora Wright	Name of Father: Rufus Gordon Bills	
SUPPORTING RECORD 3.	Type of Document: certified photocopy of page from family Bible	By whom issued and signed: Marilyn Rogers, Notary Public	Date Issued: July 1, 1960	Date Orig. Entry: obviously old
	Date of Birth: Dec. 8, 1912; Birth Place: Fremont County Rigby, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Penny Patterson	Date Filed: July 7, 1960

FORM BH 56067

4-18-60 four copies paid #20706

JUL 8 1960

859-228-023-145

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-619

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Della Herd
2. Date Of Birth: (month) March (day) 28 (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Perry

FATHER

6. Full Name of Father: Clarence K. Herd
7. State or Country of Father's Birth: Franklin Idaho

MOTHER

8. Full Maiden Name of Mother: Mary E. Ames
9. State or Country of Mother's Birth: Bear River City - Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Della Simmons
11. Present Address of Registrant: 1506 So 2nd Pocatello Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: June 10 1960
12. Signature of Notary: Ernest V Hansen
13. Notary Commission expires: Nov. 1 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Mother
By whom issued and signed: Mary E. Ames Herd
Date Issued: May 17, 1960
Date Orig. Entry: ---
Date of Birth: March 28, 1912
Birth Place: Perry, Idaho Franklin County
Full Name of Mother: Mary E. Ames
Name of Father: Clarence K. Herd

SUPPORTING RECORD 2.

Type of Document: photocopy of application for insurance policy
By whom issued and signed: Idaho Mutural Benefit assn.
Date Issued: Feb. 20, 1942
Date Orig. Entry: Feb. 20, 1942
Date of Birth: Mar.28,1912
Birth Place: Perry, Idaho
Full Name of Mother: -----
Name of Father: -----

SUPPORTING RECORD 3.

Type of Document: photocopy application for employment
By whom issued and signed: Union Pacific R.R. Company
Date Issued: -----
Date Orig. Entry: Nov.9,1942
Date of Birth: Mar.28,1912
Birth Place: Perry, Idaho
Full Name of Mother: Mary E. Hurd
Name of Father: Clarence Herd

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: bf Penny Patterson
Date Filed: July 12, 1960

FORM BH 56067

JUL 12 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Name of Person Birth to being registered)	1. Registrant's Full Name at Birth: [illegible] Hard	2. Date of Birth: March 28 1942	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Lyrack
	6. City or Town of Birth: Perry		
FATHER	7. Full Name of Father: Clarence T. Hard	8. State or Country of Father's Birth: [illegible]	
MOTHER	9. Full Maiden Name of Mother: Mary M. Ames	10. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	11. A hereby declare upon oath that the above statements are true to the best of my knowledge and belief	12. Signature of Registrant	13. Present Address of Registrant
	14. Subscribed and sworn to before me on	15. Signature of Notary	16. Notary Commission expires

DO NOT WRITE BELOW THIS LINE

RECORD	Type of Document: Affidavit by Mother	By whom issued and signed: Mary M. Ames Hard	Date Issued: [illegible] 1942
	Date of Birth: [illegible]	Full Name of Mother: Mary M. Ames	Name of Father: [illegible]
	Date of Birth: [illegible] 1942	Birth Place: [illegible] County	
SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----
	Date of Birth: [illegible]	Full Name of Mother: Mary M. Hard	Name of Father: Clarence Hard
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	bf [illegible]	July [illegible]

FORM NO. [illegible]

897-124-022-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-804

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Orr Higginbotham			2. Date Of Birth (month) January (day) 24 (year) 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: ~~Farnum~~ Fremont	b. City or Town of Birth: Farnum	
FATHER	6. Full Name of Father: Orland Higginbotham			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Jean Abigail Orr			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Orr Higginbotham		11. Present Address of Registrant: 1935 Poplar Twin Falls, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: September 6 19 60	12. Signature of Notary: Mary E. French		13. Notary Commission expires: January 22 19 64	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of discharge papers	By whom issued and signed: U.S.Army, 247th Army Air Force Base Unit, Clemont C. Parris, Lt. C.	Date Issued: Nov. 16, 1944	Date Orig. Entry: entered Nov. 16, 1944	
	Date of Birth: Jan. 24, 1912	Birth Place: Farnum, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of discharge paper	By whom issued and signed: U.S.Army, 3510th.A.F.Base Unit Raymond J. Reeves Col. AirCorps	Date Issued: Nov. 15, 1944	Date Orig. Entry: inducted Feb. 10, 1942	
	Date of Birth: age 30	Birth Place: Farnum, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: affidavit by father	By whom issued and signed: Orland Higginbothand	Date Issued: Sept. 6, 1960	Date Orig. Entry: -----	
	Date of Birth: Jan. 24, 1912	Birth Place: Fremont County Farnum, Idaho	Full Name of Mother: Jean Abigail Orr	Name of Father: Orland Higginbotham	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny L. Wing	Sept. 12, 1960

FORM BH 56067

9-2-60

SEP 13 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State Board of Health
Division of Vital Statistics
Boise, Idaho

REGISTRAR (Person where birth is being registered)	1. Registrar's Full Name of Birth: [illegible]	2. Date of Birth (Month) (Day) (Year): January 24, 1919	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Premont
	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: Utah	
	8. Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	10. Signature of Registrar: [illegible]	11. Present Address of Registrar: 1935 Poplar, Falls, Idaho	
	12. Signature of Notary: [illegible]	13. Notary Commission Expires: January 22, 1964	
	Sworn and sworn to before me on: September 6, 1960		

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Sept. 6, 1960	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing affidavit.			
	Signature of Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: Sept. 12, [illegible]	

285-212 014-457

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE 60-852

~~Hattie Mae Sheldon~~

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hattie Mae Sheldon		2. Date Of Birth (month) Aug. (day) 12 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Canyon; b. City or Town of Birth: Fruitland
FATHER	6. Full Name of Father: Nelson James Sheldon		7. State or Country of Father's Birth: Michigan Hartford
MOTHER	8. Full Maiden Name of Mother: Elvira DeGraw		9. State or Country of Mother's Birth: Utah Glendale
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hattie Mae Henson	11. Present Address of Registrant: 1291 pacific ave
NOTARY (Seal)	Subscribed and sworn to before me on: SEPTEMBER 13 1960	12. Signature of Notary: Jacques F. Pruks	13. Notary Commission expires: APRIL 4 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: Mary B. Hoagland	Date issued: September 2 1912	Date Orig. Entry: September 2, 1912
	Date of Birth: August 12, 1912	Birth Place: Fruitland, Canyon County, Idaho	Full Name of Mother: Elvira DeGraw	Name of Father: Nelson J. Sheldon	
SUPPORTING RECORD 2.	Type of Document: Baptism certificate		By whom issued and signed: Charles S. Hansen	Date issued: August 28, 1922	Date Orig. Entry: July 31, 1922
	Date of Birth: August 12, 1912	Birth Place: Fruitland, Canyon County, Idaho	Full Name of Mother: Alvira Degraw	Name of Father: Nelsen J. Sheldon	
SUPPORTING RECORD 3.	Type of Document: Patriarchal Blessing		By whom issued and signed: Brigham Jensen	Date issued: November 13, 1927	Date Orig. Entry: November 13, 1927
	Date of Birth: August 12, 1912	Birth Place: Fruitland, Idaho	Full Name of Mother: Elvira DeGraw Sheldon	Name of Father: Nelson James Sheldon	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	September 29, 1960

FORM BH 56067 Search Made

1 copy paid 9-29-60

SEP 30 1960

435-204-028-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-999

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY MERYLE McNEARNEY			2. Date of Birth (month) JULY (day) 4 (year) 1912	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: KOOTENAI	b. City or Town of Birth: GARWOOD	
FATHER	6. Full Name of Father: SAMUEL PERCY McNEARNEY			7. State or Country of Father's Birth: IOWA	
MOTHER	8. Full Maiden Name of Mother: IZETTA CLAAR			9. State or Country of Mother's Birth: OHIO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Meryle McNearney		11. Present Address of Registrant: 821 Cedar Sandpoint Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 9 1960	12. Signature of Notary: Carl R. Taft		13. Notary Commission expires: Oct. 24 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department		Date Issued: -----	Date Orig. Entry: Dec. 13, 1948
	Date of Birth: July 4, 1912	Birth Place: Garwood, Idaho	Full Name of Mother: I. Zetta Claar	Name of Father: Samuel Percy McNearney	
SUPPORTING RECORD 2.	Type of Document: affidavit by uncle	By whom issued and signed: Thomas Benton McNearney		Date Issued: July 21, 1960	Date Orig. Entry: -----
	Date of Birth: July 4, 1912	Birth Place: Garwood, Idaho	Full Name of Mother: Izetta Claar	Name of Father: Samuel Percy McNearney	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census		Date Issued: Apr. 14, 1942	Date Orig. Entry: census of Jan. 1, 1920
	Date of Birth: age 7	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: I. P. McNearney	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Nov. 15, 1960

FORM BH 56067

NOV 15 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

864-209-007-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1027

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MYRTLE YOUNG			2. Date Of Birth (month) (day) (year): September 9, 1912	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Gannett Blaine	b. City or Town of Birth: Gannett	
FATHER	6. Full Name of Father: Lemuel Marion Young			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Jerusha Jane Campbell			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Fullmer		11. Present Address of Registrant: Mackay, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 20, 1960	12. Signature of Notary: Penny L. Wing		13. Notary Commission expires: August 15, 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Lyle E. Evie clerk		Date Issued: Oct.2,1921	Date Orig. Entry: baptized Sept. 3, 1921
	Date of Birth: Sept.9,1912	Birth Place: Ganet, Idaho	Full Name of Mother: J. Jane Campbell	Name of Father: Lemuel Young	
SUPPORTING RECORD 2.	Type of Document: affidavit by brother	By whom issued and signed: Lagrand Young born 1900		Date Issued: Nov.4,1960	Date Orig. Entry: ------
	Date of Birth: Sept.9,1912	Birth Place: Gannett, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #291656		Date Issued: ----	Date Orig. Entry: child born Feb.13,1940
	Date of Birth: age 27	Birth Place: Gannett, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny L. Wing	Nov. 25, 1960

K FORM BH 56067 10-25-60 1 copy paid #7448

NOV 25 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth: September 9, 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Blaine
	6. County of Birth: Gannett		
FATHER	8. Full Name of Father: Samuel Marion Young	9. State or Country of Father's Birth: Utah	
MOTHER	10. Full Maiden Name of Mother: Jerusha Jane Campbell	11. State or Country of Mother's Birth: Utah	
SIGNATURE	12. Being duly sworn upon oath that the above statements are true to the best of my knowledge and belief.	13. Signature of Registrant: [illegible]	14. Present Address of Registrant: Gannett, Idaho
SIGNATURE	15. Subscribed and sworn to before me on	16. Signature of Notary	17. Notary Commission expires

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: Sept. 9, 1912	Birth Place: Gannett, Idaho	Full Name of Mother: J. Jane Campbell
	Name of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Nov. 1, 1960
	Date of Birth: Sept. 9, 1912	Birth Place: Gannett, Idaho	Full Name of Mother: —
	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: —
	Date of Birth: June 27	Birth Place: Gannett, Idaho	Full Name of Mother: —

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documents have been reviewed which substantiate the facts as set forth in the [illegible] abstract.

State Registrar | Evidence Reviewed by | Date Filed

I copy paid $[illegible]

993-112-016-997

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-012

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Levi Richardson			2. Date of Birth (month) (day) (year): March 12, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Declo
FATHER	6. Full Name of Father: Samuel B. Richardson			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Jeannette Riggs			9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. L. Richardson		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 4 1961	12. Signature of Notary: Frank Ranly		13. Notary Commission expires: April 9 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #446402	Date Issued:	Date Orig. Entry: child born Dec 8, 1947
	Date of Birth: Age 35	Birth Place: Declo, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #108-885	By whom issued and signed: Seattle, Washington Northern Life Ins. Co.	Date Issued: April 2, 1928	Date Orig. Entry: April 2, 1928
	Date of Birth: March 12, 1912	Birth Place: Declo, Idaho	Full Name of Mother: Mrs. Jeannette Richardson	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Jeannette Richardson	Date Issued: Jan 3, 1961	Date Orig. Entry: ---
	Date of Birth: March 12, 1912	Birth Place: Declo, Idaho	Full Name of Mother: Jeannette Richardson	Name of Father: Samuel B. Richardson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Joyce B. Foltz	Date Filed: Jan 4, 1961

FORM BH 56067

JAN 5 1961

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Dec1-012

APPLICANT (Person whose Birth is being Registered)	1. Registrant's Full Name at Birth: William Levi Richardson	2. Date of Birth (month) (day) (year): March 12, 1912
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Cassia County	6. Utility or Town of Birth: Declo
FATHER	6. Full Name of Father: Samuel B. Richardson	7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Jeannette Kirgs	9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature] 11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [signature] 13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Own child's birth certificate	By whom Issued and Signed: Idaho #446402	Date Issued:	Date Orig. Entry: child born Dec 8, 1947
	Date of Birth: Age 35	Birth Place: Declo, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2	Type of Document: Insurance Policy #108-665	By whom Issued and Signed: Seattle, Washington Northern Life Ins. Co.	Date Issued: April 2, 1928	Date Orig. Entry: April 2, 1928
	Date of Birth: March 12, 1912	Birth Place: Declo, Idaho	Full Name of Mother: Mrs. Jeannette Richardson	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: Affidavit by Mother	By whom Issued and Signed: Mrs. Jeannette Richardson	Date Issued: Jan 3, 1961	Date Orig. Entry: ---
	Date of Birth: March 12, 1912	Birth Place: Declo, Idaho	Full Name of Mother: Jeannette Richardson	Name of Father: Samuel B. Richardson
ADDITIONAL INFORMATION				
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Contract.			
	State Registrar: W. W. Benson	Evidence Reviewed by: Joyce D. Foltz	Date Filed: Jan 4, 1961	

318709-039-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-043

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELI TAYSOM			2. Date Of Birth (month) DECEMBER (day) 9 (year) 1912
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: POWER	b. City or Town of Birth: ROCKLAND
FATHER	6. Full Name of Father: ELI TAYSOM			7. State or Country of Father's Birth: POWER COUNTY, IDAHO
MOTHER	8. Full Maiden Name of Mother: MABLE ROBINSON			9. State or Country of Mother's Birth: POWER COUNTY, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eli Taysom		11. Present Address of Registrant: 3263 HAWTHORNE RD. POCATELLO, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on January 12 1961	12. Signature of Notary: Oscar H Olson		13. Notary Commission expires: March 15 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Mabel Lund, clerk	Date Issued: Aug. 9, 1921	Date Orig. Entry: baptized July 9, 1921
	Date of Birth: Dec. 9, 1912	Birth Place: Power County Rockland, Idaho	Full Name of Mother: Mable Robinson	Name of Father: Eli Taysom
SUPPORTING RECORD 2.	Type of Document: Insurance Policy Application	By whom issued and signed: Bankers Life Company	Date Issued: -----	Date Orig. Entry: Mar. 4, 1938
	Date of Birth: Dec. 9, 1912	Birth Place: Rockland, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate	By whom issued and signed: Nevada #1567	Date Issued: Nov. 1, 1956	Date Orig. Entry: child born Nov. 23, 1939
	Date of Birth: age 26	Birth Place: Rockland, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION	age 71 Affidavit by George D. Peck who was present at the birth. Signed Jan. 12, 1961. Eli born December 9, 1912 at Rockland, Idaho to Eli Taysom and Mable Robinson			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W L Benson	Evidence reviewed by: pw Penny L. Wing		Date Filed: Jan. 16, 1961

FORM BH 56067

JAN 16 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

698-229-001-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-144

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Vena (Clark) Fryar			2. Date Of Birth: (month) March (day) 29 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Ada	b. City or Town of Birth: Orchard
FATHER	6. Full Name of Father: George Reed Fryar			7. State or Country of Father's Birth: State of Mississippi
MOTHER	8. Full Maiden Name of Mother: Nell Scott			9. State or Country of Mother's Birth: State of Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel V. Brown		11. Present Address of Registrant: 1915 N. 24th St., Boise, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: February 16 1961	12. Signature of Notary: Delores W. Mansur		13. Notary Commission expires: April 24 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security record		By whom issued and signed: Federal Security Agency Social Security Board	Date Issued: November 25, 1936	Date Orig. Entry: November 25, 1936
	Date of Birth: March 29, 1912	Birth Place: Orchard, Idaho	Full Name of Mother: Nell Scott	Name of Father: George R. Fryar	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 63		By whom issued and signed: Hazel G. Holderman	Date Issued: July 14, 1960	Date Orig. Entry: -----
	Date of Birth: March 29, 1912	Birth Place: Orchard, Idaho	Full Name of Mother: Wyman D. Clark	Name of Father: Katie Higby	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: The Maccabees Insurance Co. Detroit, Michigan	Date Issued: January 1945	Date Orig. Entry: January 1945
	Date of Birth: March 29, 1912	Birth Place: Orchard, Idaho	Full Name of Mother: Nell Fryer	Name of Father: George Reed Fryer	

QUALIFYING INFORMATION

Hazel Vena Clark was legally adopted by George R. Fryar and Nell Fryar September 16, 1929 as shown by decree of adoption.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	February 16, 1961

FORM BH 56067

6-9-60

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 10 1961

JUL 28 1965

1. Registrant's full name at birth: Hazel Vena (Clark) Pryor

2. Date of birth: (month) (day) (year)

3. Place of birth: (County) Ada

4. City or town of birth: Boise

5. Sex: Female

6. Color or race: White

7. Full name of father: George Reed Pryor

8. Maiden name of mother: Sadie Scott

9. State or country of birthplace of father: Idaho

10. State or country of birthplace of mother: Idaho

11. Occupation of father: Retired

12. Age of father at last birthday: 72

13. Occupation of mother: Housewife

14. Age of mother at last birthday: 70

15. Number of previous children born to this mother: 1

16. Number of previous children born to this mother now living: 1

17. Present address of informant: 1515 N. 26th St., Boise, Ida.

18. Relationship of informant to registrant: Mother

19. Date signed: November 25, 1963

20. Signature of informant: Sadie Pryor

21. Address of informant: 1515 N. 26th St., Boise, Ida.

22. Name of witness: Clarence W. Hupp

23. Address of witness: Boise, Ida.

24. Signature of witness: Clarence W. Hupp

25. Date signed: November 25, 1963

26. Notary Commission expires: August 24, 1965

NOTARY PUBLIC STATE OF IDAHO

AFFIDAVIT

Affidavit by Aunt Age 63

Type of evidence submitted with this affidavit: Federal Security Agency Social Security Board

Name of affiant: Nell Scott

Date signed: November 25, 1963

SUPPORTING RECORD

Type of record: Affidavit by Aunt Age 63

Name of affiant: Hazel G. Holderman

Date signed: July 16, 1960

SUPPLEMENTAL RECORD

Type of record: Insurance Policy

Date of birth as given on record: March 29, 1912

Place of birth as given on record: Orchard, Idaho

Full name of father: Wyman D. Clark

Name of mother: Nadie Higby

Name issued by: The Mccobees Insurance Co. Detroit, Michigan

Date issued: January 1945

Date of birth: January 1945

CERTIFICATION

Hazel Vena Clark was legally adopted by George R. Pryor and Nell Pryor September 16, 1929 as shown by decree of adoption.

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing affidavit.

State Registrar: R. V. Bergan

Signature of Deputy: Blaine Cry

Date Filed: February 16, 1961

269-226-008-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-166

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVA SWIFT (NO MIDDLE NAME)			2. Date Of Birth (month) SEPT. (day) 26 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise County	b. City or Town of Birth: Rosebury
FATHER	6. Full Name of Father: OWEN (NO MIDDLE NAME) SWIFT			7. State or Country of Father's Birth: IOWA
MOTHER	8. Full Maiden Name of Mother: ELMIRA (NO MIDDLE NAME) ~~XXXXX~~ NORRIS			9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Swift, Eva Bumgart		11. Present Address of Registrant: 7706 Manzanar Ave., Riveria Pico Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: December 13, 1960 19~~XX~~	12. Signature of Notary: Richard F. Moore		13. Notary Commission expires: March 27, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by brother	By whom issued and signed: William F. Swift born 1893		Date Issued: Dec.13,1960	Date Orig. Entry: ----
	Date of Birth: Sept.26, 1912	Birth Place: Boise County Rosebury, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department		Date Issued: ----	Date Orig. Entry: Nov. 15,1938
	Date of Birth: Sept.26, 1912	Birth Place: Roseburry, Idaho	Full Name of Mother: Elmira Norris	Name of Father: Owen Swift	
SUPPORTING RECORD 3.	Type of Document: Marriage License Affidavit	By whom issued and signed: Los Angeles County, Ray E. Lee Recorder		Date Issued: Feb.14,1961	Date Orig. Entry: June 28,1939
	Date of Birth: age 26	Birth Place: Roseburry, Idaho	Full Name of Mother: Elmira Norris	Name of Father: Owen Swift	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	pw Penny L. Wing	Feb. 20, 1961

FORM BH 56067

11-1-60

BUYER

DERIVED CERTIFICATE OF BIRTH

449-205-022-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-169

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARCHEY ADA MURRI			2. Date of Birth (month) (day) (year): MARCH 5 1912
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth: IDAHO a. County: FREEMONT	b. City or Town of Birth: ST. ANTHONY,
FATHER	6. Full Name of Father: FRED MURRI			7. State or Country of Father's Birth: SWITZERLAND
MOTHER	8. Full Maiden Name of Mother: CHRISTENA MILLER			9. State or Country of Mother's Birth: SWITZERLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marchey Lloyd MARCHEY LLOYD		11. Present Address of Registrant: 355 HYDE, POCATELLO, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: February 18 1961	12. Signature of Notary: Lynn V. Watson		13. Notary Commission expires: August 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #55-15538	Date Issued: -----	Date Orig. Entry: child born Dec. 31, 1954	
	Date of Birth: age 42	Birth Place: St. Anthony, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, St. Anthony, Idaho J. Leo Nelson, clerk	Date Issued: June 6, 1920	Date Orig. Entry: baptized June 5, 1920	
	Date of Birth: Mar. 5, 1912	Birth Place: St. Anthony, Idaho	Full Name of Mother: Christena Miller	Name of Father: Fred Murri	
SUPPORTING RECORD 3.	Type of Document: Patriarchal Blessing	By whom issued and signed: Willard C. Burton	Date Issued: Apr. 3, 1941	Date Orig. Entry: Apr. 3, 1941	
	Date of Birth: Mar. 5, 1912	Birth Place: St. Anthony, Idaho	Full Name of Mother: Christena Miller	Name of Father: Fred Murri	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Penny L. Wing	Feb. 21, 1961

FORM BH 56067

2-14-61

1 copy paid

DELAYED CERTIFICATE OF BIRTH

FEB 21 1961

259-216-033-592

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-170

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Katie Kerbs			2. Date of Birth (month) (day) (year): September 16 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Jacob Kerbs			7. State or Country of Father's Birth: Ukraine Territory Russia
MOTHER	8. Full Maiden Name of Mother: Marie Katherine Erbs			9. State or Country of Mother's Birth: Ukraine Territory Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Katie Slaten		11. Present Address of Registrant: 5946 - 46th Ave. S. W. Seattle 16, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: February 17 1961	12. Signature of Notary: C D Aaby		13. Notary Commission expires: April 22 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: marriage license affidavit		By whom issued and signed: King, County Washington, Robert A. Morris, Auditor	Date Issued: Feb. 14, 1961	Date Orig. Entry: Aug. 12, 1933
	Date of Birth: age 20	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Voting Register		By whom issued and signed: King County, Wash. Bishop Prec. Edward J. Logan, Supt. of Elec.	Date Issued: Feb. 10, 1961	Date Orig. Entry: May 25, 1949
	Date of Birth: age 36	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: social security record		By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Nov. 24, 1936
	Date of Birth: Sept. 16, 1912	Birth Place: Rexbourgh, Idaho	Full Name of Mother: Marie Katherine Erbs	Name of Father: Jacob Kerbs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Feb. 21, 1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1161-170

FEB 21 [redacted]

Idaho, Idaho

S/aten

CERTIFICATE OF BIRTH (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Katie Karas		2. Date of Birth: September 20 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho, County: Madison, Rexburg
FATHER	6. Full Name of Father: Jacob Karas		7. State or Country of Father's Birth: Ukraine Territory Russia
MOTHER	8. Maiden Name of Mother: Marie Katherine Krbe		9. State or Country of Mother's Birth: Ukraine Territory Russia
SUPPORTING	10. Signature of Registrant: [illegible]		11. Present Address of Registrant: 5940 - 4th Ave. S. W. Seattle 16, Washington
	12. Signature of Notary: [illegible]		13. Notary Commission expires: April 22 1962

Subscribed and sworn to before me on: February 17 1961

APPLICANT — DO NOT WRITE WHEN THIS LINE

SUPPORTING	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Feb. 20, 1961	Date Orig. Entry: May 25, 1962
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: May 24, 1956
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: Marie Katherine Krbe	Name of Father: Jacob Karas

DECEASED

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: Feb. 21, 1961

493-125-028-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-188

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mounty Lewis Dick
2. Date of Birth: (month) October (day) 25 (year) 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Kootenia; b. City or Town of Birth: Plummer, Idaho

FATHER

6. Full Name of Father: Marshall Nelson Dick
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Laura Bell Peasley
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mounty Lewis Dick
11. Present Address of Registrant: ARCO IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: 24 February 1961

12. Signature of Notary: [signature]
13. Notary Commission expires: 12-16 1964

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: Marshall Dick	Date Issued: Feb.20,1961	Date Orig. Entry: -----
	Date of Birth: Oct.25,1912 / Birth Place: Plummer, Idaho	Full Name of Mother: Laura Bell Peasley	Name of Father: Marshall N. Dick	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #252083	Date Issued: Jan.31,1961	Date Orig. Entry: child born Feb.26,1937
	Date of Birth: age 24 / Birth Place: Plummer, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Dec.3,1937
	Date of Birth: Oct.25,1912 / Birth Place: Plummer, Idaho	Full Name of Mother: Laura Belle Peasley	Name of Father: Marshall Nelson Dick	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	March 1, 1961

orr. Corr on file in Corr. Files. (D) 6-24-60.

FORM BH 56067

1 Copy paid $3.00 #03361. Search made in Kootenai C.

MAR 1 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

449-219-016-318

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-250
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jean Agatha Durfee
2. Date of Birth (month) Aug (day) 19 (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Cassia; b. City or Town of Birth Almo, Idaho

FATHER

6. Full Name of Father: Ivan Lee Durfee
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Ann Cahoon
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jean A. Jensen
11. Present Address of Registrant: 2389 No. 2000 W. St. Ogden Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 18 1960
12. Signature of Notary: Norlean Davis
13. Notary Commission expires: May 14, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*_____	Certificate of Blessing	LDS Church, Farr West Ward, Howard K. Billings, clerk	Oct. 16, 1960	blessed Nov. 3, 1922
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 19, 1912 / Cassia County Almo, Idaho	Mary Ann Cahoon	Ivan Lee Durfee, Sr.	
SUPPORTING RECORD 2. Class_____	Marriage Record	Cassia County Idaho, Frank B. Kearns, recorder	Feb. 14, 1961	March 18, 1944
	Aug. 19, 1912 / Almo, Idaho	----	----	
SUPPORTING RECORD 3. Class_____	affidavit by friend of family	Annie Jensen Wayment age 79	Mar. 11, 1961	----
	Aug. 19, 1912 / Almo, Idaho	Mary Ann Cahoon	Ivan L. Durfee	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: pw Penny L. Wing
Date Filed: March 17, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 17 1961

958214-014-752

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-349

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Catherine Zeyer			2. Date of Birth (month) June (day) 14 (year) 1912
	3. Color or Race: White	4. Sex: fem	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa, Idaho
FATHER	6. Full Name of Father: Gustav Zeyer			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Freda Gebert			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith C. Coleman		11. Present Address of Registrant: 166 Spence Place, Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 17th 19 61	12. Signature of Notary: John H. Cook		13. Notary Commission expires: Aug 23 19 62

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 77	By whom issued and signed: Rosa Eberhard	Date Issued: 4/3/61	Date Orig. Entry: --------
	Date of Birth: 6/14/1912 / Birth Place: Nampa, Idaho	Full Name of Mother: Freda Gebert	Name of Father: Gustav Zeyer	
SUPPORTING RECORD 2.	Type of Document: Photo-copy of birth certificate of registrant's child	By whom issued and signed: On file in Idaho #50-8996 Dr. R.R. Merrell	Date Issued: 4/19/50	Date Orig. Entry: Arpil 17, 1950
	Date of Birth: Age 37 / Birth Place: Nampa, Idaho	Full Name of Mother: --------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Application for License to marry	By whom issued and signed: State of Utah, Alonzo Deputy Mackay	Date Issued: August 13, 1934	Date Orig. Entry: August 13, 1934
	Date of Birth: June 14, 1912 / Birth Place: Nampa, Idaho	Full Name of Mother: Freda Gelsert	Name of Father: Gustof Zeyer	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Elaine Coy	Date Filed: April 19, 1961

FORM BH 56067

[redacted]

[illegible]LAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[illegible] De 61-[illegible]

JUL 11 1974

[illegible] of Birth		2. Date of Birth (Month) (day) (year)
(Person whose birth is not registered)	3. Place of Race / 4. Sex / 5. Place of Birth / 6. Country	County or Town of Birth
FATHER	7. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	9. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Present Address of Registrant
	11. Subscribed and sworn to before me on	12. Signature of Notary
		13. Notary Commission Expires

[illegible]

SUPPORTING RECORD 1	Type of Document: by Aunt Age 77	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	[illegible]	[illegible]	[illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: On file in Idaho 450-8996	Date Issued	Date Orig. Entry: April 17, 1950
	Date of Birth / Birth Place: Age 37	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document: Application for License to marry	By whom issued and signed: State of Utah, Alonzo Deputy Mackay	Date Issued: August 18, 1934	Date Orig. Entry: August 13, 1934
	Date of Birth: June 14, 1912 / Birth Place: Nampa, Idaho	Full Name of Mother: Freda Gelsert	Name of Father: Custof Zeyer	
QUALIFYING INFORMATION				

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Registrar	Evidence Reviewed by	Date Filed
W. W. Benson	Elaine Coy	April 19, 19[illegible]

Form OH 56087

336130-010-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-375

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas Edgar Loynd		2. Date Of Birth (month) (day) (year): August 30, 1912
	3. Color or Race: Whiet	4. Sex: Male	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Birch Creek
FATHER	6. Full Name of Father: John Loynd		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Bertha Leona McMurtrey		9. State or Country of Mother's Birth: Alabama
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas Edgar Loynd	11. Present Address of Registrant: Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 11, 1961	12. Signature of Notary: [signature]	13. Notary Commission expires: Sept. 19, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #206421	Date issued: ----	Date Orig. Entry: child born Aug.21,1932
	Date of Birth: age 19	Birth Place: Idaho Bonneville Co.	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination		By whom issued and signed: LDS Church, Clark Ward, Albert Andersen clerk	Date issued: Jan.17,1927	Date Orig. Entry: ordained Jan.16,1927
	Date of Birth: Aug.30,1912	Birth Place: Bonneville County Birch Creek, Idaho	Full Name of Mother: Bertha McMurtry	Name of Father: John Loynd	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Clark Ward, Albert Andersen, Clerk	Date issued: Jan.21,1921	Date Orig. Entry: April 6, 1913
	Date of Birth: Aug.30,1912	Birth Place: Bonneville County BirchCreek, Idaho	Full Name of Mother: Bertha Leona McMurtrey	Name of Father: John Lyond	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	pw Penny L. Wing	May 1, 1961

FORM BH 56067

10-21-60 10/ 1 copy paid

MAY 1 1961

JUN 13 1974

434-110-009-399

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-379

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LEONARD LEE McMURRAY
2. Date Of Birth (month) (day) (year): NOV. 10 1912
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: HOPE, IDAHO, BONNER
b. City or Town of Birth: HOPE

FATHER

6. Full Name of Father: ERNEST F. McMURRAY
7. State or Country of Father's Birth: KANSAS

MOTHER

8. Full Maiden Name of Mother: MAXINE EFFIE EDITH CRISP
9. State or Country of Mother's Birth: WASHINGTON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leonard L. McMurray
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: April 19, 1961

12. Signature of Notary: Earl S. Alexander / Earl S. Alexander

13. Notary Commission expires: Dec. 12, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by mother	Maxine Effie Edith C.McMurray	Apr.19,1961	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.10,1912 / Hope, Idaho	Maxine Effie Edith Crisp	Ernest Floyde McMurray	
SUPPORTING RECORD 2.	Identification Tag	American Potash & Chemical Corp.Trona,Calif.	Jan.10,1951	Jan.10,1951
	Nov.10,1912 / -----	---	-----	
SUPPORTING RECORD 3.	own childs hospital birth certificate	The Swedish Hospital,Seattle Washington	Dec.30,1939	child born Dec.30,1939
	Nov.10,1912 / Hope, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barron

Evidence reviewed by: pw Penny L. Wing

Date Filed: May 1, 1961

FORM BH 56067

4-7-61 1 copy paid

MAY 1 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State Board of Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

PERSON WHOSE BIRTH IS BEING REGISTERED	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Twin or Fact: [illegible] 4. Sex: [illegible] 5. Place of Birth: [illegible] 6. County: [illegible]	6. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
	10. Signature of Registrant: [illegible]	11. Present Address of Registrant:
	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: ----
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: ----

CERTIFIED INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this, and that the documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Mar 1, 1961

4-7-61 1 copy paid

795730-033-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-382

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Alber Pieper			2. Date of Birth (month) (day) (year): October 30, 1912
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Henry Frederick Christian Pieper			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Emma Frieda Alber			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert A. Pieper		11. Present Address of Registrant: Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 27 1961	12. Signature of Notary: Maurine D. Monell		13. Notary Commission expires: June 25 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school records	By whom issued and signed: Madison Senior High School Hal C. Barton, Principal	Date Issued: Apr.25,1961	Date Orig. Entry: 1927-1931
	Date of Birth: Oct.10,1912	Birth Place: -----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church,Rexburg,Second Ward,H.Cleon Moss,clerk	Date Issued: Apr.27,1961	Date Orig. Entry: blessed Dec.1,1912
	Date of Birth: Oct.30,1912	Birth Place: Madison County Rexburg, Idaho	Full Name of Mother: Emma Frieda Alber	Name of Father: Henry F. C. Pieper
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #286232	Date Issued: -----	Date Orig. Entry: child born Nov. 7, 1939
	Date of Birth: age 27	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barron	Evidence reviewed by: Penny L. Wing		Date Filed: May 1, 1961

FORM BH 56067

4-19-61

DEPARTED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 4 1961

891-205-042-234

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 433

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rosalie Christina Hranac		2. Date Of Birth (month) (day) (year): Aug. 5 1912
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Murtaugh
FATHER	6. Full Name of Father: Victor Hranac		7. State or Country of Father's Birth: Kraj Pisek, Czeckoslovakia
MOTHER	8. Full Maiden Name of Mother: Anna Elnora Stuchl		9. State or Country of Mother's Birth: Kraj. Pisek, Czeckoslovakia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rosalie Hehlund	11. Present Address of Registrant: Murtaugh Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 24th April 1961	12. Signature of Notary: Herbert Thorne	13. Notary Commission expires: Sept 11, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #266492	Date Issued: -----	Date Orig. Entry: child born Apr.12,1938
	Date of Birth: age 25 / Birth Place: Murtaugh,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by friend of family	By whom issued and signed: Robina Adamson born 1891	Date Issued: ---	Date Orig. Entry: ---
	Date of Birth: Aug.5,1912 / Birth Place: -----	Full Name of Mother: Anna Hranac	Name of Father: Victor Hranac	
SUPPORTING RECORD 3.	Type of Document: statement regarding church records	By whom issued and signed: LDS Church,Murtaugh Ward, Herbert Thorne,Bishop	Date Issued: Sept.13, 1960	Date Orig. Entry: baptized May 15,1955
	Date of Birth: Aug.5,1912 / Birth Place: -----	Full Name of Mother: Anna Elnora Stuchl	Name of Father: Victor Hranac	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Barson	Evidence reviewed by: Penny L. Wing	Date Filed: May 17, 1961

FORM BH 56067

MAY 17 1961

993-06-029-959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 467

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CARL TOM RITSCH		2. Date of Birth (month) June (day) 6 (year) 1912
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Latah; b. City or Town of Birth: Potlatch
FATHER	6. Full Name of Father: Valentine Ritsch		7. State or Country of Father's Birth: Austria
MOTHER	8. Full Maiden Name of Mother: Maria Reich		9. State or Country of Mother's Birth: Austria
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl Tom Ritsch	11. Present Address of Registrant: 1094 S.E. Ashley Place Grants Pass, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: November 22 19 60	12. Signature of Notary: Ellen D Marn	13. Notary Commission expires: MY COMMISSION EXPIRES FEB 28, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date issued: Aug.15,1960	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 7; Birth Place: Idaho	Full Name of Mother: Mary Ritsch	Name of Father: Valentine Ritsch	
SUPPORTING RECORD 2.	Type of Document: Return of Marriage #3849	By whom issued and signed: LaGrande,Union,Oregon, C. L. Graham,County clerk	Date issued: May 16,1960	Date Orig. Entry: Mar.16,1946
	Date of Birth: June 6,1912; Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge Paper	By whom issued and signed: U.S.Army,H.D.Taylor,Lt.Col.Ca	Date issued: Nov.20,1945	Date Orig. Entry: inducted May 19,1942
	Date of Birth: June 6,1912; Birth Place: Potlatch, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

School Census Marshal's Report,Sbhool Dist.#41,Latah County Idaho,Bessie Babcock Auditor.Issued on May 6, 1960. Census taken on Sept. 24, 1923. Gives date of birth as June 6, 1912 and parents as Valentine Ritsch and Mary Ritsch.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	pw Penny L. Wing	May 31, 1961

FORM BH 56067 1004 pd. #10230

DELAYED CERTIFICATE OF BIRTH

STATE OF OREGON

MAY 31 1961

Rawls, Walter

Portland

June 6 1912

Male

White

Multnomah

Portland

Multnomah

Walter Rawls

Valentine Olsson

Maria Nelson

Finnish

Housewife

Housewife

Portland, Oregon

Portland, Oregon

Portland, Oregon

465-203-028-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 468

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Annette Monson			2. Date Of Birth (month) (day) (year): January 3 1912	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Santa Kootenai	b. City or Town of Birth: Santa	
FATHER	6. Full Name of Father: Louis Monson			7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Anna Holderson			9. State or Country of Mother's Birth: Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Annette x Monson Anderson		11. Present Address of Registrant: Fernwood, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 27 1961	12. Signature of Notary: Ruhal L. M. Todd		13. Notary Commission expires: 2/6/65 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs hoppital birth certificate	By whom issued and signed: Rockwood Clinic, Spokane, Wash.		Date Issued: Nov. 21, 1941	Date Orig. Entry: child born Nov. 21, 1941
	Date of Birth: Jan. 3, 1912	Birth Place: Santa, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: statement by attending physician	By whom issued and signed: C. J. Kinsolving, M.D.		Date Issued: May 2, 1961	Date Orig. Entry: -----
	Date of Birth: Jan. 3, 1912	Birth Place: Kootenai County Santa, Idaho	Full Name of Mother: Anna Holderson Monson	Name of Father: Louis Monson	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt	By whom issued and signed: Hilda Hoveland age 86		Date Issued: Mar 21, 1961	Date Orig. Entry: -----
	Date of Birth: Jan. 3, 1912	Birth Place: Kootenai County Santa, Idaho	Full Name of Mother: Anna Holderson, Monson	Name of Father: Louis Monson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnes	Evidence reviewed by: Penny L. Wing	Date Filed: May 31, 1961

FORM BH 56067

10-7-60

MAY 31 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth: Marie Annette Monson	2. Date of Birth: January 3, 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho, County: Kootenai, Idaho
		6. City or Town of Birth: Santa	
FATHER	7. Full Name of Father: Louis Monson	8. State or Country of Father's Birth: Norway	
MOTHER	9. Full Maiden Name of Mother: Anna Holderson	10. State or Country of Mother's Birth: Norway	
AFFIDAVIT	11. Before me, the above-named, that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: Fernwood, Idaho
NOTARY (Seal)	14. Subscribed and sworn to before me on: [illegible]	15. Signature of Notary: [illegible]	16. Notary Commission Expires: 2/6/[illegible]

APPLICATION TO SUBMITTED BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate hospital birth certificate	By whom issued and signed: Rockwood Clinic, Spokane, Wash.	Date Issued: Nov. 21, 1961	Date Orig. Entry: Nov. 21, 1961
	Date of Birth: Jan. 3, 1912	Birth Place: Santa, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2	Type of Document: Statement by attending physician	By whom issued and signed: G. J. Vinsolvine, M.D.	Date Issued: May 1, 1961	Date Orig. Entry: ----
	Date of Birth: Jan. 3, 1912	Birth Place: Kootenai County, Santa, Idaho	Full Name of Father: Anna Holderson Monson	Name of Father: Louis Monson
SUPPORTING RECORD 3	Type of Document: Affidavit by aunt	By whom issued and signed: Hilda Haveland, Ave. Co.	Date Issued: May 31, 1961	Date Orig. Entry: ----
	Date of Birth: Jan. 3, 1912	Birth Place: Kootenai County, Santa, Idaho	Full Name of Mother: Anna Holderson, Monson	Name of Father: Louis Monson

SUBSTITUTION

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing contract.		
	State Registrar: [illegible]	Evidence reviewed by: Fanny L. Wing	Date Filed: May 31, 1961

141-124-014-962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De61-620
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELMER Joseph Adams		2. Date of Birth (month) July (day) 24 (year) 1912
	3. Color or Race: CAUCASIAN	4. Sex: MALE	5. Place of Birth: a. County CANYON; b. City or Town of Birth: Middleton Idaho
FATHER	6. Full Name of Father: Erye Lowama Adams		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Clara Alice Robertson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer J Adams.	11. Present Address of Registrant: 9878 Wendon Ave. Temple City Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 28 1955	12. Signature of Notary: Marie S. Giesmann	13. Notary Commission expires: My Commission Expires July 10, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*_____	statement regarding insurance records	Northern Life Insurance Co. H. O. Fishback, III, Service D.	Apr. 15, 1955	Mar. 29, 1947
	Date of Birth July 24, 1912	**Birth Place** Middelton, Idaho	**Full Name of Mother** ----	**Name of Father** ----
SUPPORTING RECORD 2. Class_____	statement regarding employment records	Link-Belt Company, W. J. Chadima, att.	May 18, 1961	Oct. 18, 1943
	Date of Birth age 31	**Birth Place** Middelton, Idaho	**Full Name of Mother** ----	**Name of Father** ----
SUPPORTING RECORD 3. Class_____	affidavit by relative present	Ella Robertson age 67	June 7, 1961	------
	Date of Birth July 24, 1912	**Birth Place** Middleton, Idaho	**Full Name of Mother** Clara Alice Robertson	**Name of Father** Erye Lowama Adams
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	pw Penny L. Wing	July 31, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 2 copies

5-120

DELAYED CERTIFICATE OF BIRTH

JUL 31 1961

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name at Birth

2. Date of Birth (Month) (Day) (Year)

3. Sex

4. Color or Race

5. Place of Birth

6. Country

7. State or Country of Father's Birth

8. Full Name of Mother

9. State or Country of Mother's Birth

FATHER

MOTHER

CERTIFICATE

I hereby declare upon oath that the above statement is true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

My Commission Expires July 10, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 2.

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

Class

SUPPORTING RECORD 3.

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that adequate evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

State Registrar

Evidence reviewed by

Date Filed

[illegible] L. Wing July 31, 1961

Claims A Certificate [illegible] Registrant's [illegible] birthday.

Claims A Reduction [illegible] birthday but are at least [illegible]

432-226-008-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 715

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Adeana McBride		2. Date Of Birth (month) Oct. (day) 26, (year) 1912
	3. Color or Race	4. Sex: girl	5. Place of Birth a. County: Garden Valley, Boise; b. City or Town of Birth: Garden Valley, Boise Co. Idaho
FATHER	6. Full Name of Father: John William McBride		7. State or Country of Father's Birth: Garden Valley Boise Co. Idaho
MOTHER	8. Full Maiden Name of Mother: Mary May Martindell		9. State or Country of Mother's Birth: Camp Hill Bucks Co. Penna
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Adeana Stoddard	11. Present Address of Registrant: 5541 Pageantry LB Calif
NOTARY (Seal)	Subscribed and sworn to before me on: August 23 1961	12. Signature of Notary: Patricia M. Jekel	13. Notary Commission expires: Nov. 23rd 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Mary M. McBride	Date issued: July 19, 1961	Date Orig. Entry: ----
	Date of Birth: Oct.26,1912	Birth Place: Boise, County Garden Valley, Ida.	Full Name of Mother: Mary M. MC.Bride	Name of Father: John William McBride
SUPPORTING RECORD 2.	Type of Document: Family Bible Record	By whom issued and signed: Patricia M. Jekel, Notary Pub.	Date issued: Aug.23,1961	Date Orig. Entry: obviously old
	Date of Birth: Oct.26,1912	Birth Place: Garden Valley, Ida.	Full Name of Mother: Mae McBride	Name of Father: John William McBride
SUPPORTING RECORD 3.	Type of Document: application for employment	By whom issued and signed: Van de Kamps Bakeries	Date issued: ----	Date Orig. Entry: Jan.24,1945
	Date of Birth: Oct.26,1912	Birth Place: Garden Valley, Ida.	Full Name of Mother: Mary Mae McBride	Name of Father: ----
QUALIFYING INFORMATION				

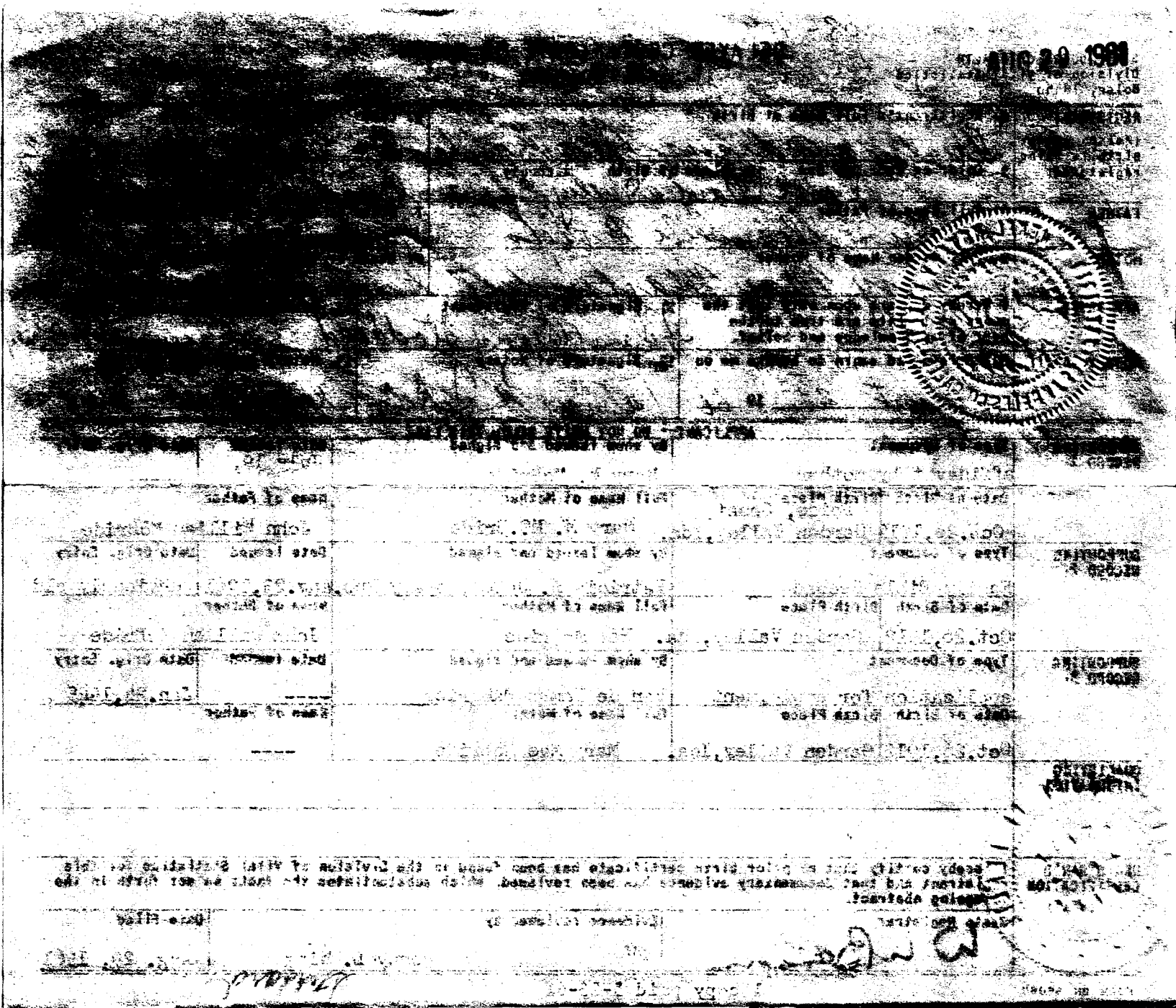
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Penny L. Wing	Aug. 29, 1961

FORM BH 56067

1 copy paid 5-23-61



241-216-033-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 760

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Estella Smart			2. Date Of Birth: (month) October (day) 16 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Archer	
FATHER	6. Full Name of Father: Henry Edward Smart			7. State or Country of Father's Birth: Salt Lake City, Utah	
MOTHER	8. Full Maiden Name of Mother: Florence Briggs			9. State or Country of Mother's Birth: Archer, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Estella Smart	11. Present Address of Registrant: 2678 So. 15th East Salt Lake City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: September 11 1961		12. Signature of Notary: David A. Swenson	13. Notary Commission expires: My Commission Expires May 19, 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth		By whom issued and signed: LDS Church, Archer Ward, Joseph F. Smith, Historian	Date Issued: Sept. 11, 1961	Date Orig. Entry: Dec. 1, 1912
	Date of Birth: Oct.16,1912	Birth Place: Fremont County Archer, Idaho	Full Name of Mother: Florence Briggs	Name of Father: Edward H. Smart	
SUPPORTING RECORD 2.	Type of Document: Marriage License application		By whom issued and signed: Salt Lake County, Utah, Alvin Keddington, Clerk	Date Issued: Sept. 11, 1961	Date Orig. Entry: Nov. 22, 1934
	Date of Birth: Oct.16,1912	Birth Place: Archer, Idaho	Full Name of Mother: Florence Briggs	Name of Father: H. E. Smart	
SUPPORTING RECORD 3.	Type of Document: affidavit by father		By whom issued and signed: Henry Edward Smart	Date Issued: Sept.11, 1961	Date Orig. Entry: ----
	Date of Birth: Oct.16,1912	Birth Place: Madison Archer, Idaho	Full Name of Mother: Florence Briggs	Name of Father: Henry Edward Smart	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Sept. 12, 1961

FORM BH 56067

9-7-61

1 copy paid

SEP 13 [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR	1. Registrant's Full Name of Birth: [illegible] Smart	2. Date of Birth (month) October (day) 15 (year) [illegible]	
	3. Date of Birth: [illegible]	4. Sex: Female	5. Place of Birth: Idaho Madison
	6. Full Name of Father: Henry Edward Smart	7. State of Country of Father's Birth: Salt Lake City, Utah	
MOTHER	8. Full Maiden Name of Mother: Florence Briggs	9. State or Country of Mother's Birth: Archer, Idaho	
APPLICANT	I hereby declare upon oath that the statements are true to the best of my knowledge and belief	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: 2070 So. 15th East, Salt Lake City, Utah
NOTARY	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	[illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Florence Briggs	Name of Father: Edward H. Smart	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Oct. 16, 1919	Birth Place: Archer, Idaho	Full Name of Mother: Florence Briggs	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Oct. 16, 1919	Birth Place: Madison, Archer, Idaho	Full Name of Mother: Florence Briggs	Name of Father: Henry Edward Smart
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing contract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Penny L. Wing	Sept. 13, 1961

FORM NO. 56067 — 9-7-61 — 1 copy paid

55-1-229-039-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-849

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Evans			2. Date of Birth (month) Sept (day) 29 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Arbon Idaho Power	b. City or Town of Birth: Arbon Idaho
FATHER	6. Full Name of Father: David Bowen Evans			7. State or Country of Father's Birth: Brigham Utah
MOTHER	8. Full Maiden Name of Mother: Hannah Williams			9. State or Country of Mother's Birth: Samaria Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Favent		11. Present Address of Registrant: 443 No Grant
NOTARY (Seal)	Subscribed and sworn to before me on: September 22, 1961	12. Signature of Notary: [signature]		13. Notary Commission expires: May 1, 1963

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister	By whom issued and signed: Hortense Aguirrebere age 60	Date Issued: Oct. 3, 1957	Date Orig. Entry: -----	
	Date of Birth: Sept. 29, 1912	Birth Place: Arbon, Idaho	Full Name of Mother: Hannah Williams	Name of Father: David Bowen Evans	
SUPPORTING RECORD 2.	Type of Document: own childs hospital birth certificate	By whom issued and signed: Pocatello, General Hospital	Date Issued: Mar. 24, 1938	Date Orig. Entry: child born Mar. 24, 1938	
	Date of Birth: Sept. 29, 1912	Birth Place: Arbom, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: insurance policy application	By whom issued and signed: Metropolitan Life Insurance	Date Issued: -----	Date Orig. Entry: Nov. 19, 1955	
	Date of Birth: Sept. 29, 1912	Birth Place: Arbon, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Penny L. Wing	Oct. 10, 1961

FORM BH 56067

OCT 16 1961

319-230-021-912

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 858

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Roma Viola Larsen
2. Date of Birth (month) July (day) 30 (year) 1912
3. Color or Race: Caucasian
4. Sex: Female
5. Place of Birth a. County: Franklin
b. City or Town of Birth: Mink Creek

FATHER

6. Full Name of Father: Junius Christian Larsen
7. State or Country of Father's Birth: Franklin Co. Idaho

MOTHER

8. Full Maiden Name of Mother: Charity Eliza Rasmussen
9. State or Country of Mother's Birth: Franklin Co. Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Roma L. Stimpson
11. Present Address of Registrant: 2090 N. 5800 So. Roy, Utah

NOTARY (Seal)

Subscribed and sworn to before me on Sept 27 1961

12. Signature of Notary: George C. Mair
13. Notary Commission expires: March 22 1965

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	LDS Church, Hans C. Jensen clerk	Aug.1,1920	baptized July 30,1920
	Date of Birth July 30, 1912	**Birth Place** Oneida Mink Creek, Idaho	**Full Name of Mother** Charity Rasmussen	**Name of Father** Junious C. Larsen
SUPPORTING RECORD 2.	Type of Document: Patriarchal Blessing	By whom issued and signed: Denmark Jensen, Patriarch	Date Issued: Jan.26,1930	Date Orig. Entry: Jan.26,1930
	Date of Birth July 30, 1912	**Birth Place** Mink Creek, Idaho	**Full Name of Mother** Charity Eliza Rasmussen	**Name of Father** Junuis C. Larsen
SUPPORTING RECORD 3.	Type of Document: affidavit by parents	By whom issued and signed: Junius C. Larsen, Charity Rasmussen Larsen	Date Issued: Oct.11,1961	Date Orig. Entry: ----
	Date of Birth July 30, 1912	**Birth Place** Mink Creek, Idaho	**Full Name of Mother** Charity Rasmussen	**Name of Father** Junius C. Larsen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Oct. 17, 1961

FORM BH 56067 (Revised 2-61) 9-25-61

OCT 17 1961

844-226-028-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 947

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arna Fay Hudlow	Hayden Lake	Kootenai	2. Date of Birth: (month) 1	(day) 26	(year) 1912
	3. Color or Race: white	4. Sex: F	5. Place of Birth: a. County	b. City or Town of Birth		
FATHER	6. Full Name of Father: Rufus Hudlow			7. State or Country of Father's Birth: Missouri		
MOTHER	8. Full Maiden Name of Mother: Emma Getter			9. State or Country of Mother's Birth: Wisconsin		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Arna F. Hudlow Prescott	11. Present Address of Registrant: 710 Main, Sandpoint, Idaho		
NOTARY (Seal)	Subscribed and sworn to before me on: November 7th 1961		12. Signature of Notary: Margaret N. Burns	13. Notary Commission expires: July 18th 1965		

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #193079	Date Issued: -----	Date Orig. Entry: child born July 6, 1931
	Date of Birth: age 19	Birth Place: Hayden Lake, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Hospital Record		By whom issued and signed: Bonner General Hospital Emily Bauer, Office manager	Date Issued: Oct. 4, 1961	Date Orig. Entry: admitted Feb. 8, 1954
	Date of Birth: Jan. 26, 1912	Birth Place: Hayden Lake, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Aug. 6, 1943
	Date of Birth: Jan. 26, 1912	Birth Place: Hayden Lake, Idaho	Full Name of Mother: Emma Getter	Name of Father: Rufus Hudlow	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Nov. 9, 1961

FORM BH 56067

NOV 9 1961

997-202-031-115

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1013

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MILDRED ALICE RIPLEY
2. Date Of Birth (month) (day) (year): January 2 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Lewis
b. City or Town of Birth: Kamiah, Idaho

FATHER

6. Full Name of Father: EDWARD AUGUSTUS RIPLEY
7. State or Country of Father's Birth: Minnesota, U. S. A.

MOTHER

8. Full Maiden Name of Mother: GERTRUDE ROSE JANISCH
9. State or Country of Mother's Birth: Minnesota, U. S. A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: mildred Alice Ripley Lilly
11. Present Address of Registrant: Route #2, Box 211 ~~Port Angeles, Washington~~

NOTARY (Seal)

Subscribed and sworn to before me on December 8 1960

12. Signature of Notary: Ethel Butler
13. Notary Commission expires: Feb. 21, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Washington, Reg. #114	Sept. 21, 1960	child born June 8, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 23	Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Report Card	School of Salem Church, W. Ore. Conf. Madge E. Moore, Teacher	1925	1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 13	-----	-----	Ed Ripley

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by father	Edward Agustus Ripley	Apr. 5, 1956	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 2, 1912	Kamiah, Idaho	Gertrude Rose Janisch	Edward A. Ripley

QUALIFYING INFORMATION

Registrant born about on County Line five miles from Kamiah and ~~two miles~~ toward Caribel, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw pw Penny L. Wing	Dec. 1, 1961

FORM BH 56067

DEC 1

Mrs. Mildred Lilly

299-231-033-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1968

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Florence Naomi Briggs
2. Date Of Birth (month) (day) (year): March 31, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Madison
b. City or Town of Birth: Archer

FATHER

6. Full Name of Father: Luke Briggs
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Margaret Ann Galbraith
9. State or Country of Mother's Birth: Smithfield, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Florence Naomi Briggs
11. Present Address of Registrant: Thornton, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 13, 1961
12. Signature of Notary: Kay W. Rigby
13. Notary Commission expires: January 26 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Idaho #273010	Apr.7,1961	child born Oct.16,1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 26 / Idaho	-----	-----	
SUPPORTING RECORD 2.	School Record	Madison Co.Clerk,G.T.McKinley	Nov.30,1961	Sept.26,1921
	Mar.31,1912 / -----	Margeret A. Briggs	Luke Briggs	
SUPPORTING RECORD 3.	affidavit by mother	Margaret Ann Galbraith B.Meng	Dec.13,1961	------
	Mar.31,1912 / Archer, Idaho	Margaret Ann Galbraith	Luke Briggs	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Dec. 19, 1961

FORM BH 56067 11-20-61

DEC 27 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

165-212-044-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-1079

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Georgia Jones			2. Date Of Birth (month) (day) (year): March 12 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Midvale Washington	b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Ples H. Jones			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Fannie Jones			9. State or Country of Mother's Birth: Oregon.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Georgia Jones Holloway		11. Present Address of Registrant: Weiser Ida
NOTARY (Seal)	Subscribed and sworn to before me on: June 27 1960	12. Signature of Notary: Thos S Lloyd		13. Notary Commission expires: 4-1- 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by attending physician	By whom issued and signed: F. A. Schmitz, M.D.		Date Issued: June 27, 1960	Date Orig. Entry: ----
	Date of Birth: March 12, 1912	Birth Place: Midvale, Idaho	Full Name of Mother: Fannie Jones	Name of Father: Ples H. Jones	
SUPPORTING RECORD 2.	Type of Document: statement regarding marriage records	By whom issued and signed: Alice I. Snook, Payette Co. recorder, Ida.		Date Issued: July 13, 1960	Date Orig. Entry: Dec. 21, 1939
	Date of Birth: age 27	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept. #542-01-9503		Date Issued: December 4 1936	Date Orig. Entry: December 4, 1936
	Date of Birth: March 12, 1912	Birth Place: Midvale, Idaho	Full Name of Mother: Fanny Jones	Name of Father: Ples Jones	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pp pp Elaine Coy	December 26, 1961

FORM BH 56067

11-27-59; one copy paid #17514.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 27 1961

1. Name of child	2. Sex
3. Date of birth	4. Place of birth
5. Name of father	6. Age at last birthday
7. State or Country of which father is a citizen	
8. Name of mother	9. Age at last birthday
10. State or Country of which mother is a citizen	
11. Name and address of physician or midwife in attendance at birth	
12. Name and address of informant	13. Relationship to child
14. Date filed	

I hereby certify that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

15. Signature of official administering oath

16. Official title

17. Address

18. Date signed

AFFIDAVIT TO BE MADE WHEN NO RECORD OF BIRTH IS FOUND

19. Name of child	20. Sex
21. Date of birth	22. Place of birth
23. Name of father	24. Age at last birthday
25. State or Country of which father is a citizen	
26. Name of mother	27. Age at last birthday
28. State or Country of which mother is a citizen	
29. Name and address of physician or midwife in attendance at birth	
30. Name and address of informant	31. Relationship to child
32. Date filed	

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this child and that the documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

33. Signature

34. Official title

35. Date signed

RECORD OF DELAYED REGISTRATION

Registrar's No.	Date Received
Pursuant to Section	
Upon the following documentary evidence:	
Birth Verified by	
Amended	
Clerk	

AMENDMENTS

Item No.	Date of Amendment	By Whom Requested	Evidence Submitted

---

SUPPLEMENTARY REPORT OF BIRTH

Item No.	Information Supplied	By Whom Supplied	Date Received

AFFIDAVIT TO OBTAIN DELAYED CERTIFICATE OF BIRTH

1. Name of child		2. Sex	
3. Date of birth		4. Place of birth	
5. Name of father		6. Age at last birthday	
7. State or Country of which father is a citizen			
8. Name of mother		9. Age at last birthday	
10. State or Country of which mother is a citizen			
11. Name and address of physician or midwife in attendance at birth			
12. Name and address of informant		13. Relationship to child	
14. Date filed			

I hereby certify that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

15. Signature of official administering oath

16. Official title

17. Address

18. Date signed

AFFIDAVIT TO BE MADE WHEN NO RECORD OF BIRTH IS FOUND

19. Name of child		20. Sex	
21. Date of birth		22. Place of birth	
23. Name of father		24. Age at last birthday	
25. State or Country of which father is a citizen			
26. Name of mother		27. Age at last birthday	
28. State or Country of which mother is a citizen			
29. Name and address of physician or midwife in attendance at birth			
30. Name and address of informant		31. Relationship to child	
32. Date filed			

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this child and that the documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

33. Signature

34. Official title

35. Date signed

RECORD OF DELAYED REGISTRATION

Registrar's No.	Date Received
Pursuant to Section	
Upon the following documentary evidence:	
Birth Verified by	
Amended	
Clerk	

AMENDMENTS

Item No.	Date of Amendment	By Whom Requested	Evidence Submitted

---

SUPPLEMENTARY REPORT OF BIRTH

Item No.	Information Supplied	By Whom Supplied	Date Received

693-22 019-362

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-008

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Filoy Elizabeth Williams			2. Date of Birth (month) June (day) 22 (year) 1912	
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth a. County: Idaho Custer	b. City or Town of Birth: Mackay	
FATHER	6. Full Name of Father: Edward Willis Williams			7. State or Country of Father's Birth: St. Paul - Madison County, Arkansas	
MOTHER	8. Full Maiden Name of Mother: Eliza Cobbs			9. State or Country of Mother's Birth: Moggins - Logan County, Arkansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Filoy E. Bates	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: November 6, 1961		12. Signature of Notary: [signature]	13. Notary Commission expires: April 3, 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate		By whom issued and signed: On file Idaho, file no. 48-11291	Date Issued: ----	Date Orig. Entry: child born Dec. 6, 1948
	Date of Birth: Age: 36	Birth Place: Mackay, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2.	Type of Document: Affidavit of brother Age: 59		By whom issued and signed: Charles Luther Williams	Date Issued: Sept. 19, 1961	Date Orig. Entry: ------
	Date of Birth: June 22, 1912	Birth Place: Mackay, Idaho	Full Name of Mother: Eliza Cobbs	Name of Father: Edward Willis Williams	
SUPPORTING RECORD 3.	Type of Document: Photo copy of application of Life Insurance		By whom issued and signed: Gem State Mutual Life Association, Inc.	Date Issued: Aug. 6, 1944	Date Orig. Entry: -----
	Date of Birth: June 22, 1912	Birth Place: Mackay, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: Jan. 3, 1962

FORM BH 56067

5-4-61 1 copy paid #14824.

JAN 4 1962

569-130-025-895

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-043

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Victor Edward Northup
2. Date Of Birth (month) (day) (year): January 30, 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County:
b. City or Town of Birth: Kooskia (Rural)

FATHER

6. Full Name of Father: Iron Osco Northup
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Mary Susie Yingst
9. State or Country of Mother's Birth: Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: V. E. Northup
11. Present Address of Registrant: Rt.#1, Bowling Green, Fla.

NOTARY (Seal)

Subscribed and sworn to before me on: November 27, 1961

12. Signature of Notary: Vanna H. D'Alessandro
13. Notary Commission expires: July 18, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Operator's license No. 121111
By whom issued and signed: State of Florida
Date Issued: Oct. 19, 1942
Date Orig. Entry: Oct. 19, 1942
Date of Birth: Jan. 30, 1912
Birth Place: ---
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: Photo copy of application for Social Security No.
By whom issued and signed: U.S. Treasury Department
Date Issued: ---
Date Orig. Entry: Dec. 1, 1941
Date of Birth: Jan. 30, 1912
Birth Place: Kooskia, Idaho
Full Name of Mother: Mary Susie Northup
Name of Father: Iron Osco Northup

SUPPORTING RECORD 3.

Type of Document: Affidavit by mother
By whom issued and signed: Mary Susie Yingst Northup
Date Issued: Jan. 5, 1961
Date Orig. Entry: ---
Date of Birth: Jan. 30, 1912
Birth Place: Kooskia, Idaho
Full Name of Mother: Mary Susie Yingst
Name of Father: Iron Osco Northup

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Shirley Miller
Date Filed: Jan. 15, 1962

FORM BH 56067

11-14-61 1 copy paid

JAN 17 1962

AUG 4 1975

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

305221-002-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-0055

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL MAY Conner			2. Date Of Birth: (month) August (day) 21 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County ADAMS Idaho	b. City or Town of Birth: COUNCIL	
FATHER	6. Full Name of Father: Guy Leslie Conner			7. State or Country of Father's Birth: IOWA — HENRY County	
MOTHER	8. Full Maiden Name of Mother: Bessie May Elliott			9. State or Country of Mother's Birth: Oregon - Douglas County	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel May Martens		11. Present Address of Registrant: 9148 Com. St. Weiser, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 15, 1962	12. Signature of Notary: R. Rhea Thomason		13. Notary Commission expires: June 22, 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Bessie May Andrew		Date Issued: Aug. 14, 1961	Date Orig. Entry: ---
	Date of Birth: Aug. 21 1912	Birth Place: Council, Idaho	Full Name of Mother: Bessie May Elliott	Name of Father: Guy Leslie Conner	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: File 195153, Idaho		Date Issued: ---	Date Orig. Entry: Born Sept. 1, 1931
	Date of Birth: Age: 19	Birth Place: Council, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding marriage	By whom issued and signed: Alice I. Snook, Clerk of the District Court.		Date Issued: Jan. 16, 1962	Date Orig. Entry: Married May 2, 1931
	Date of Birth: Aug. 21, 1912	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Jan. 18, 1962

FORM BH 56067

5-17-61

STATE FILE NUMBER CHANGED FROM De-055 TO De62-0055 KMC 10/8/09

JAN 18 1962

NOV 16 2001

253-212-022-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-058

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arlene Christina Kelson
2. Date Of Birth: (month) May (day) 13 (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Fremont b. City or Town of Birth: Kilgore

FATHER

6. Full Name of Father: Alma Kelson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Nellie Jane Peterson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arlene C. Staus
11. Present Address of Registrant: Carlton Ore.

NOTARY (Seal)

Subscribed and sworn to before me on January 12th 1962

12. Signature of Notary: Harold W. Simmons
13. Notary Commission expires: June 11 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of Marriage return	Eugene Naff, County Auditor Yakima County, Washington	Dec. 4, 1961	July 28, 1932
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 20 / Kilgore, Idaho	Nellie Peterson	Alma Kelson	
SUPPORTING RECORD 2.	Hospital record of own child birth	Is McMinnville Hospital, McMinnville, Oregon	Date Issued -----	Date Orig. Entry child born Dec. 7, 1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 13, 1912 / Kilgore, Idaho	-----	---	
SUPPORTING RECORD 3.	Type of Document: copy of life insurance	By whom issued and signed: Lincoln National Life Insurance Company, Ft. Wayne, Indiana	Date Issued: April 3, 1944	Date Orig. Entry: March 24, 1944
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 13, 1912 / ----	---	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Jan. 22, 1962

FORM BH 56067

1 copy paid 1-5-62

JAN 23

134-209-001-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-074

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nellie Blanche Aldridge			2. Date Of Birth (month) (day) (year): February 9 1912	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Ustick, Ada	b. City or Town of Birth: Ustick	
FATHER	6. Full Name of Father: Herbert Aldridge			7. State or Country of Father's Birth: Elmley Lovett, Worsc., England	
MOTHER	8. Full Maiden Name of Mother: Virgena Annabelle Pease			9. State or Country of Mother's Birth: Arcadia, Iron Co., Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie Blanche Aldridge Lindsay		11. Present Address of Registrant: Box 429, Elgin, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: January 10th 1962	12. Signature of Notary: Margaret G. Kirkaby		13. Notary Commission expires: My Commission Expires Feb. 12, 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Herbert Aldridge	Date Issued: January 15, 1962	Date Orig. Entry: ---
	Date of Birth: February 9, 1912 / Birth Place: Ustick, Ada County Idaho	Full Name of Mother: Virgena Annabelle Pease	Name of Father: Herbert Aldridge	
SUPPORTING RECORD 2.	Type of Document: Family Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: February 9, 1912 / Birth Place: -----	Full Name of Mother: Virgena Pease	Name of Father: Herbert Aldridge	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: File #247683	Date Issued: ------	Date Orig. Entry: Sept. 27, 1936
	Date of Birth: Age 24 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	January 25, 1962

FORM BH 56067

JAN 26 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Registration	
Certificate	
Name	
Sex	
Color or race	
Date of birth	
Place of birth	
Full name of father	
Full maiden name of mother	
Date of marriage of parents	
Birthplace of father	
Birthplace of mother	
Occupation of father	
Kind of business or industry	
Signature of informant	
Address of informant	
Date received by local registrar	
Signature of local registrar	

AFFIDAVIT — TO BE USED WHEN NO RECORD IS FOUND

Type of document	Affidavit by father
By whom signed	Herbert Aldridge
Date signed	January 15, 1962
Date filed	---

STATE OF IDAHO, County of Canyon, ss.

Herbert Aldridge being first duly sworn, deposes and says:

That he is a resident of Nampa, Canyon County, Idaho, and has been for 24 years last past.

That he was married to Virgie Peake at Nampa, Idaho, on the 27th day of December, 1922, and that the said Virgie Peake is the mother of Clarence Herbert Aldridge, who was born in Nampa, Idaho, on the 15th day of February, 1923.

That the said Clarence Herbert Aldridge has never been issued a birth certificate by any state or territory.

That the said Clarence Herbert Aldridge is now living with his parents at Nampa, Idaho.

That the said Clarence Herbert Aldridge has never been married.

That the said Clarence Herbert Aldridge has never been in the military service of the United States.

That the said Clarence Herbert Aldridge has never been issued a passport.

That the said Clarence Herbert Aldridge has never been issued a Social Security number.

That the said Clarence Herbert Aldridge has never been issued a Selective Service number.

That the said Clarence Herbert Aldridge has never been issued a Veteran's Administration claim number.

That the said Clarence Herbert Aldridge has never been issued a Railroad Retirement number.

That the said Clarence Herbert Aldridge has never been issued a Civil Service number.

That the said Clarence Herbert Aldridge has never been issued a Federal Employer's Identification number.

That the said Clarence Herbert Aldridge has never been issued a Federal Income Tax number.

That the said Clarence Herbert Aldridge has never been issued a Federal Old Age Benefit number.

That the said Clarence Herbert Aldridge has never been issued a Federal Unemployment Insurance number.

That the said Clarence Herbert Aldridge has never been issued a Federal Employer's Quarterly Tax Return number.

That the said Clarence Herbert Aldridge has never been issued a Federal Employer's Annual Tax Return number.

That the said Clarence Herbert Aldridge has never been issued a Federal Employer's Withholding Tax number.

That the said Clarence Herbert Aldridge has never been issued a Federal Employer's Withholding Tax Return

666-117-036-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-240

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lowell Woodward
2. Date Of Birth: (month) Jan (day) 17 (year) 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Franklin (Oneida) b. City or Town of Birth: Franklin

FATHER

6. Full Name of Father: Ivan Woodward
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Emily Rosina Hart
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lowell Woodward
11. Present Address of Registrant: 1580 N 1350 W, Provo, Ut.

NOTARY (Seal)

Subscribed and sworn to before me on 3/8 19 62
12. Signature of Notary: H. J. Boyack
13. Notary Commission expires: Sept. 1 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Notification of Personnel Action	U.S. Dept. of Agriculture Soil Conservation Service	-----	Jan. 21, 1955
	Date of Birth: Jan. 17, 1912	Birth Place: -----	Full Name of Mother: O----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: statement regarding church record	By whom issued and signed: Luris P. Allen, Bishop, L.D.S. Church, Provo, Utah	Date Issued: -----	Date Orig. Entry: Mar. 3, 1912
	Date of Birth: Jan. 17, 1912	Birth Place: Franklin, Idaho	Full Name of Mother: Emily Rose Hart	Name of Father: Ivan Woodward
SUPPORTING RECORD 3.	Type of Document: notarized photo copy of page from family Bible	By whom issued and signed: H. J. Boyack, Notary Public	Date Issued: Mar. 22, 1962	Date Orig. Entry: obviously old
	Date of Birth: Jan. 17, 1912	Birth Place: Franklin, Idaho	Full Name of Mother: Emily Rosina Hart	Name of Father: Ivan Woodward

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	Mar. 23, 1962

FORM BH 56067

1 copy paid 12-6-61

MAR 26 1962

OFFICIAL CERTIFICATE OF BIRTH

STATE OF IDAHO

1 copy paid 12-6-61

231-108-018-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-258

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Francis Starr		2. Date Of Birth (month) July (day) 8 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: near Southwick Clearwater; b. City or Town of Birth: near Southwick
FATHER	6. Full Name of Father: William C. Starr		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Eva Bowman		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John F. Starr	11. Present Address of Registrant: Pierce Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 2 1961	12. Signature of Notary: Mary Ellen Dewart	13. Notary Commission expires: June 5, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #255912	Date Issued: -----	Date Orig. Entry: child born June 2, 1937
	Date of Birth: age 24 / Birth Place: Southwick, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: statement regarding school records	By whom issued and signed: Clearwater County, Idaho, Gayle Hayden, Clerk of Court	Date Issued: Apr. 28, 1961	Date Orig. Entry: Oct. 5, 1925
	Date of Birth: age 13 / Birth Place: -----	Full Name of Mother: Mrs. W. C. Starr	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by neighbor at time of birth age: 68	By whom issued and signed: Homer Betts	Date Issued: Mar. 26, 1962	Date Orig. Entry: ------
	Date of Birth: July 8, 1912 / Birth Place: Southwick, Idaho	Full Name of Mother: Eva Starr	Name of Father: William C. Starr	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller DW	Mar. 28, 1962

4-19-61 1 copy paid #14915

MAR 28 1962

764-109-023-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-335

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Poulsen		2. Date Of Birth (month) (day) (year): March 9 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Denzil Poulsen		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Allsop		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl Poulsen	11. Present Address of Registrant: RFD #1, Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 31, 1962	12. Signature of Notary: [signature]	13. Notary Commission expires: September 19 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: Denzil L. Poulsen	Date issued: April 6, 1962	Date Orig. Entry: ------
	Date of Birth: Mar. 9, 1912; Birth Place: Grace, Idaho	Full Name of Mother: Mary Elizabeth Allsop	Name of Father: Denzil Poulsen	
SUPPORTING RECORD 2.	Type of Document: statement pertaining to church record	By whom issued and signed: Lorin P. Mickelsen, Bishop	Date issued: Mar. 29, 1962	Date Orig. Entry: baptized Sept. 4, 1920
	Date of Birth: Mar. 9, 1912; Birth Place: Grace, Idaho	Full Name of Mother: Mary Elizabeth Allsop	Name of Father: Denzil Poulsen	
SUPPORTING RECORD 3.	Type of Document: Certificate of Honorable Discharge	By whom issued and signed: Civilian Conservation Corps	Date issued: Mar. 25, 1935	Date Orig. Entry: enrolled July 12, 1934
	Date of Birth: Age: 22; Birth Place: Grace, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson, [illegible]	Shirley Miller	April 19, 1962

FORM BH 56067

1 copy paid 3-27-62

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 20 1962

497-212-022-438

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-431
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Pauline Dixon			2. Date of Birth (month) (day) (year): Jan 12 1912	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Ashton Ida. Fremont	b. City or Town of Birth	
FATHER	6. Full Name of Father: William James Dixon			7. State or Country of Father's Birth: Arkansas	
MOTHER	8. Full Maiden Name of Mother: Bertha Latola McQuiston			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth P. Vanfleet		11. Present Address of Registrant: 226-16 Longview Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: January 15, 1962	12. Signature of Notary: L. E. Brown		13. Notary Commission expires: 3/16/ 1964	

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #204866		Date Issued: ---	Date Orig. Entry: child born June 7, 1932
Class*_____	Date of Birth: Age 20	Birth Place: Ashton, Idaho	Full Name of Mother: ------	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: notarized photo copy of Bible record	By whom issued and signed: Paul Williamson, Notary Public		Date Issued: May 23, 1962	Date Orig. Entry: obviously old
Class_____	Date of Birth: Jan. 12, 1912	Birth Place: Ashton, Idaho	Full Name of Mother: Bertha Latola McQuiston	Name of Father: William James Dixon	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Bertha Latola Dixon		Date Issued: May 16, 1962	Date Orig. Entry: ------
Class_____	Date of Birth: Jan. 12, 1912	Birth Place: Ashton, Idaho Fremont County	Full Name of Mother: Bertha Latola Dixon	Name of Father: William James Dixon	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: bf Shirley Miller	Date Filed: May 29, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

2-6-1958
Form DPH 49067

JUN 5 1962

Boise, Idaho

REGISTRAR (Person whose birth is being registered)

Name of Birth

Date of Birth

Place of Birth

FATHER

Name of Father

State or Country of Father's Birth

MOTHER

Name of Mother

State or Country of Mother's Birth

APPLICANT

Person [illegible] that [illegible] the [illegible] to the [illegible] and belief.

Present address of Registrant

NOTARY

Date of Notary

Notary Commission Expires

SUPPORTING RECORD 1

Date of Document: Own child's birth certificate on file Idaho #[illegible]

Date Issued: ---

Date Orig. Entry: a child born June 7, 1952

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: [illegible]

Name of Father: ---

SUPPORTING RECORD 2

Type of Document: Authorized photo copy of [illegible]

By whom issued and signed: [illegible] Williamson, [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Date of Birth: [illegible]

Birth Place: Anton, Idaho

Full Name of Mother: [illegible] Latola [illegible]

Name of Father: [illegible] James Dixon

SUPPORTING RECORD 3

Type of Document: [illegible] by mother

By whom issued and signed: [illegible] Latola [illegible]

Date Issued: [illegible]

Date Orig. Entry: ---

Date of Birth: [illegible]

Birth Place: Anton, Idaho

Full Name of Mother: [illegible]

Name of Father: [illegible] James Dixon

QUALIFYING INFORMATION

[illegible] certify that no prior birth certificate has been found in the [illegible] and that documentary evidence has been [illegible] the facts as set forth in the foregoing abstract.

Date Registrar

Evidence Reviewed by: [illegible]

Date Filed: May 29, 1962

[illegible] these made and dated before the [illegible] [illegible] these made after the [illegible] of [illegible]

538-208-001-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-465

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Maria Nieves Echevarria
2. Date of Birth: November 8 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Elias Echevarria
7. State or Country of Father's Birth: Spain

MOTHER

8. Full Maiden Name of Mother: Joaquina Badiola
9. State or Country of Mother's Birth: Spain

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maria Nieves Echevarria
11. Present Address of Registrant: 2500 Davis St

NOTARY (Seal)

Subscribed and sworn to before me on: June 6 1962
12. Signature of Notary: Ray R Newman
13. Notary Commission expires: Dec 6 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Copy of Church Baptism	St. John's Cathedral, Boise, Ida. Rt. Rev. K. F. Rowe	April 7 1953	baptized Nov 19, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 8 1912	-----	Joaquina Badiola	Elia Echevarria

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photo copy of employment card	Morrison Knudsen Company. Inc.	-----	May 14, 1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 8, 1912	Boise, Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	U.S. Bureau of the Census Washington, D.C.	May 31, 1962	Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 7	Idaho	Juaguina Ehebarria	Elias Ehebarria

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Shirley Miller bf	June 7, 1962

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Exhibit 1

Date of Birth: November 8 1972

Name: Nieves Echeverria

Sex: Male

Place of Birth: Ada

Mother: Maiden Name: Reguio

Citizen of: Spain

Father: Name: Eugenio Echeverria

Citizen of: Spain

Date Issued: Copy of Church Baptism

Issued By: St. John's Cathedral, Boise, Ida. April 7

Type of Document: Copy of Church Baptism

Name of Person Issued To: Nieves Echeverria

Date Issued: April 7

Issued By: St. John's Cathedral, Boise, Ida.

234-223-031-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-473

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARGUERITE LUCILE SLUDER			2. Date Of Birth (month) (day) (year): September 23, 1912
	3. Color or Race: Wh	4. Sex: F	5. Place of Birth: Cottonwood a. County: Lewis	b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Joseph R. Sluder			7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Essie Ditmore			9. State or Country of Mother's Birth: Georgia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marguerite Lucille Treat		11. Present Address of Registrant: Grandview, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 6TH 1962	12. Signature of Notary: W. E. Gladeau		13. Notary Commission expires: 11-29-1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance		By whom issued and signed: Beneficial Life Insurance Co.	Date issued: ------	Date Orig. Entry: May 16, 1950
	Date of Birth: Sept. 23, 1912	Birth Place: Cottonwood, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: U.S. Bureau of the Census	Date issued: April 10, 1962	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Essie Sluder	Name of Father: Joseph O. Sluder	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage application		By whom issued and signed: Blanche B. Taylor, Deputy	Date issued: April 13, 1962	Date Orig. Entry: Aug. 7, 1932
	Date of Birth: Sept. 23, 1912	Birth Place: Cotton Wood, Idaho	Full Name of Mother: Essie Ditmore	Name of Father: Joseph R. Sluder	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: June 8, 1962

FORM BH 56067

1 copy paid 5-28-62

JUN 11 1962

612-203-023-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-62-511

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bessie Belle Wakefield
2. Date of Birth: (month) JAN. (day) 3 (year) 1912
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Gem; b. City or Town of Birth: Emmett; Idaho

FATHER

6. Full Name of Father: Marion Wakefield
7. State or Country of Father's Birth: Wisc

MOTHER

8. Full Maiden Name of Mother: Gertrude Miller
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bessie B. Lahlee
11. Present Address of Registrant: 8355 10E Mountain Home Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: June 13 1962
12. Signature of Notary: Earl S. Swearingen
13. Notary Commission expires: Feb 20 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Transcript of school record Emmett High School
By whom issued and signed: Melinda Woodman, Secretary
Date Issued: ----
Date Orig. Entry: entered Sept. 4, 1928
Date of Birth: Jan. 3, 1912
Birth Place: ----------
Full Name of Mother: ----------
Name of Father: ----------

SUPPORTING RECORD 2.

Type of Document: certified copy of Court Order of Adoption
By whom issued and signed: Probate Court of Payette Co. State of Idaho
Date Issued: Mar. 12, 1962
Date Orig. Entry: Dec. 17, 1925
Date of Birth: Age: 13
Birth Place: --------
Full Name of Mother: Gertrude Wakefield
Name of Father: Marion Wakefield

SUPPORTING RECORD 3.

Type of Document: own child's birth certificate
By whom issued and signed: File No. 234864, Idaho
Date Issued: ------
Date Orig. Entry: child born Mar. 28, 1935
Date of Birth: Age: 23
Birth Place: Emmett, Idaho
Full Name of Mother: ----------
Name of Father: ----------

QUALIFYING INFORMATION

statement regarding marriage record issued by Grace W. Bell, County Clerk, Nevada. dated April 6, 1962; married June 4, 1946 gives age as 34.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: sm Shirley Miller
Date Filed: June 28, 1962

FORM BH 56067

2-6-62 1 copy paid

JUN 28 1962

758-207039-458

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-555

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Gehring
2. Date of Birth (month) October (day) 7 (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Power
b. City or Town of Birth: American Falls Idaho

FATHER

6. Full Name of Father: Fred Gehring
7. State or Country of Father's Birth: Russia

MOTHER

8. Full Maiden Name of Mother: Albina Mehlhaff
9. State or Country of Mother's Birth: Russia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Funk
11. Present Address of Registrant: Aberdeen Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 19 1962
12. Signature of Notary: Elmer Funk
13. Notary Commission expires: December 8 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Confirmation	J. N. Saner, Pastor	-----	confirmed June 27, 1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 7, 1912	-----	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own Child's birth certificate	File No. 08608, Idaho	-----	child born July 12, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 37	American Falls, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Albina Gehring	July 12, 1962	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 7, 1912	American Falls, Idaho	Albina Mehlhaff Gehring	Fred Gehring

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Shirley Miller	July 17, 1962

1C

FORM BH 56067

1-17-61

JUL 25 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State file No. [illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Sex
	5. Place of Birth (County)	6. City or Town of Birth
FATHER	7. Full Name of Father	8. State or Country of Father's Birth
MOTHER	9. Full Maiden Name of Mother	10. State or Country of Mother's Birth
AFFIDAVIT	9. Sworn, declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present address of Registrant
NOTARY (Seal)	9. Sworn and sworn to before me on [illegible]	12. Signature of Notary
		13. Notary Commission expires [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Confirmation	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Name of Mother:	Name of Father:
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: Affidavit [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: ----
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION				

SUBSCRIBER'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Stanley Miller	Date filed: July 17, 1962

1-17-61

FORM SH 8865

369-117-022-165

(Be sure the information is complete and accurate)

State File No. De62-561
Local Reg. No.
Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JUN 28 1962
Bureau of Vital Statistics

1. PLACE OF BIRTH a. COUNTY Fremont	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton Idaho	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location)	d. STREET ADDRESS (If rural, give location) None

3. CHILD'S NAME (Type or print) a. (First) John b. (Middle) Lee c. (Last) Cordingley

4. SEX Male | 5a. THIS BIRTH SINGLE ☑ TWIN ☐ TRIPLET ☐ | 5b. IF TWIN OR TRIPLET (This child born) ~~1ST~~ ☐ ~~2ND~~ ☐ 10 ~~3RD~~ ☐ | 6. DATE OF BIRTH (Month) May (Day) 17 (Year) 1962

FATHER OF CHILD

7. FULL NAME a. (First) John b. (Middle) Huggins c. (Last) Cordingley | 8. COLOR OR RACE White

9. AGE (At time of this birth) 44 YEARS | 10. BIRTHPLACE (State or foreign country) (City or Town) ~~Ashton Idaho~~ Utah | 11a. USUAL OCCUPATION Utah | 11b. KIND OF BUSINESS OR INDUSTRY Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First) Jessie b. (Middle) Squires c. (Last) Jones | 13. COLOR OR RACE White

14. AGE (At time of this birth) 37 YEARS | 15. BIRTHPLACE (State or foreign country) (City or Town) Utah | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 7 | b. How many OTHER children were born alive but are now dead? 8 | c. How many children were still born (born dead after 20 weeks pregnancy)? None

17. INFORMANT'S SIGNATURE OR NAME (Relationship) John Lee Cordingley

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE E. L. Hargis | 18b. ATTENDANT AT BIRTH M. D. ☑ MIDWIFE ☐ OTHER (Specify)

18c. ADDRESS Ashton Idaho | 18d. DATE SIGNED June 21 1962

19. DATE REC'D BY LOCAL REG. July 20, 1962 | 20. REGISTRAR'S SIGNATURE W. W. Benson | 21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS | 22b. WEIGHT AT BIRTH LBS. OZS. | 23. Was a standard serological test for syphilis performed? YES ☐ NO ☐

Approximate date

Name prophylactic used to prevent Ophthalmia Neonatorum DELAYED

Form DPH-48001

L. 5-4-62

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 23 1962

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

415-209-004-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-565

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: La Von Davis			2. Date Of Birth (month) June (day) 8 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Dingle Idaho Bear Lake	b. City or Town of Birth: Dingle Idaho	
FATHER	6. Full Name of Father: Nelson William Davis			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Edna Elizabeth Dayton			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: La Von Davis		11. Present Address of Registrant: Auburn Wyo	
NOTARY (Seal)	Subscribed and sworn to before me on: June 15 1962	12. Signature of Notary: Ruth W. Miles		13. Notary Commission expires: RUTH W. MILES, Notary Public MY COMMISSION EXPIRES JAN 7, 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Blessing certificate	By whom issued and signed: C. H. Bridges Jr., Clerk		Date Issued: July 21, 1912	Date Orig. Entry: July 21, 1912
	Date of Birth: June 8, 1912	Birth Place: Dingle, Bear Lake County, Idaho	Full Name of Mother: Edna E. Dayton	Name of Father: Nelson W. Davis	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism	By whom issued and signed: William H. Lindsay, Clerk Dingle Ward		Date Issued: June 9, 1920	Date Orig. Entry: June 8, 1920
	Date of Birth: June 8, 1912	Birth Place: Dingle, Idaho	Full Name of Mother: Edna E. Dayton	Name of Father: Nelson W. Davis	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn.		Date Issued: June 6, 1951	Date Orig. Entry: June 6, 1951
	Date of Birth: June 8, 1912	Birth Place: Dingle, Idaho	Full Name of Mother: --------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	July 20, 1962

FORM BH 56067

2-15-61

JUL 20 1962

169-213-010-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-625

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Claudine Morley			2. Date of Birth (month) April (day) 13 (year) 1912
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: (Idaho) Bonneville	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Joseph Morley			7. State or Country of Father's Birth: Ogden, Utah, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Astrid Johannesen			9. State or Country of Mother's Birth: Oslo, Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Claudine Morley		11. Present Address of Registrant: 1120 Hobart St. Menlo Park, California
NOTARY (Seal)	Subscribed and sworn to before me on: August 13th 19 62	12. Signature of Notary: Arthur J. Dalton		13. Notary Commission expires: April 5th 1966 ~~Arthur J. Dalton~~

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding hospital record	By whom issued and signed: Lelia Garland, R.R.L., Medical Record Librarian	Date Issued: Aug. 6, 1962	Date Orig. Entry: April 23, 1940	
	Date of Birth: Age: 28	Birth Place: -----	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: affidavit by father	By whom issued and signed: Joseph Morley	Date Issued: Aug. 6, 1962	Date Orig. Entry: -----	
	Date of Birth: April 13, 1912	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Astrid Johannesen	Name of Father: Joseph Morley	
SUPPORTING RECORD 3.	Type of Document: Church Record of Membership	By whom issued and signed: Herbert F. Sahlber, Ward Clerk, L.D.S. Church	Date Issued: -----	Date Orig. Entry: blessed July 7, 1912	
	Date of Birth: April 13, 1912	Birth Place: Idaho Falls, Ida. Bonneville Co.	Full Name of Mother: Astrid Johanneson	Name of Father: Joseph Morley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: Shirley Miller	Date Filed: August 14, 1962

FORM BH 56067

AUG 15 1962

291-211-040-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-755

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VIRGINIA BRAYER
2. Date of Birth (month) (day) (year): SEPT. 11 1912
3. Color or Race: WHITE
4. Sex: F.
5. Place of Birth a. County: Kellogg-Wardner Hosp. SHOSHONE
b. City or Town of Birth: KELLOGG

FATHER

6. Full Name of Father: JOHN BRAYER
7. State or Country of Father's Birth: GERMANY

MOTHER

8. Full Maiden Name of Mother: BARBARA MARY SUTHERLAND
9. State or Country of Mother's Birth: SCOTLAND

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Virginia Brayer Howell
11. Present Address of Registrant: Ames, Iowa

NOTARY (Seal)

Subscribed and sworn to before me on: October 9 1962
12. Signature of Notary: Margaret Duggin
13. Notary Commission expires: July 4 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application for insurance	The Equitable Life Assurance Society of the U.S.	---	Sept. 11, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 11, 1912	Shoshone County Kellogg, Idaho	Barbara Brayer	--

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by friend of family at time of birth Age: 64	Mary Paul	Oct. 5, 1962	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 11, 1912	Kellogg, Idaho	Barbara Sutherland	John Brayer

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application for insurance	The New York Life Insurance Company	---	Nov. 29, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 11, 1912	Kellogg, Idaho	Barbara Brayer	John Brayer

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Miller	October 12, 1962

FORM BH 56067

9-27-62

OCT 15 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: VIRGINIA BRAYER	2. Date of Birth (month) SEPT (day) 1 (year) 1912	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth: Kellogg-Wardner Hosp. County: SHOSHONE	Mailing Address of Birth: KELLOGG
FATHER	6. Full Name of Father: JOHN BRAYER	7. State or Country of Father's Birth: GERMANY	
MOTHER	8. Full Maiden Name of Mother: BARBARA MARY SUTHERLAND	9. State or Country of Mother's Birth: SCOTLAND	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary	13. Notary Commission expires [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom Issued and Signed: [illegible]	Date Issued: ---	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: Shoshone County, Kellogg, Idaho	Full Name of Mother: Barbara Brayer	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: By Friend of Family	By whom Issued and Signed: Mary Paul	Date Issued: Oct. 1962	Date Orig. Entry: ---
	Date of Birth: [illegible] Birth Place: Kellogg, Idaho	Full Name of Mother: Barbara Sutherland	Name of Father: John Brayer	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom Issued and Signed: [illegible]	Date Issued: ---	Date Orig. Entry: Nov. 20, 1962
	Date of Birth: [illegible] Birth Place: Kellogg, Idaho	Full Name of Mother: Barbara Brayer	Name of Father: [illegible]	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Shirley Miller	Oct. 12, 1962

FORM HH 60063

9-21-62

462-203-014-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-758

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thera May Mobus
2. Date Of Birth (month) May (day) 3rd (year) 1912
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Caldwell,

FATHER

6. Full Name of Father: Fred Mobus
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Myrtle ~~XXXXXX~~ Ritchey
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thera M Campbell
11. Present Address of Registrant: 2018 San Luis Drive, San Luis Obispo, California

NOTARY (Seal)

Subscribed and sworn to before me on: September 26th, 1962
12. Signature of Notary: Robert E. Neal
13. Notary Commission expires: October 26th, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of own child's birth certificate	File #38, California	Jan. 5, 1959	child born Feb. 27, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 33	Idaho	—	—

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage return	Ella M. Carman, Deputy Clerk	Oct. 9, 1962	Dec. 12, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 19	Caldwell, Idaho	--	--

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Myrtle Mobus	Oct. 6, 1962	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 3, 1912	Canyon County Caldwell, Idaho	Myrtle Ritchey Mobus	Fred Mobus

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	sm Shirley Miller	October 15, 1962

FORM BH 56067

OCT 15 1962

449-116
022-814

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-902
Local Reg. No.
Reg. Dist. No.

RECEIVED
NOV 8 1962
Bureau of Vital Statistics

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Fremont	a. STATE: Idaho b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farnum	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farnum
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Home	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Thomas	Hammon	Murdoch

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH	(Month)	(Day)	(Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]		March	16	1912

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Brigham		Murdoch	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
41 YEARS	Heber City, Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Martha	Luann	Hammon	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
26 YEARS	South Hooper, Utah	3	3	

17. INFORMANT'S SIGNATURE OR NAME	(Relationship)
Martha Luann Murdoch	Mother

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: B. L. Hargis

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify) [ ]

18c. ADDRESS: Ashton, Idaho

18d. DATE SIGNED: Nov 8-1962

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
Nov 8, 1962	W. W. Benson	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY	22b. WEIGHT AT BIRTH	23. Was a standard serological test for syphilis
40 WEEKS	8 LBS. 6 OZS.	Approximate date

Name prophylactic used to prevent Ophthalmia Neonatorum

DELAYED

Comp has 'K' flag
no note yet
12/09

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-48001

DEC 26 1962

JAN 14 1976

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

625-208-028-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OKERSTROM, ESTHER ELVERA			2. Date Of Birth (month) (day) (year): APRIL 8 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: OKERSTROM, CHARLES			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: JOHNSON, MINNIE			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther E. Wendt		11. Present Address of Registrant: 52-15th S.E. Huron, S.Dak.
NOTARY (Seal)	Subscribed and sworn to before me on: January 3 1963	12. Signature of Notary: George E. Brandsma		13. Notary Commission expires: June 23 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of application for insurance		By whom issued and signed: The Penn Mutual Life Insurance Company of Philadelphia	Date Issued: ----	Date Orig. Entry: Oct. 2, 1936
	Date of Birth: April 8, 1912	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: affidavit by sister, age: 62		By whom issued and signed: Elsie E. Sanford	Date Issued: Dec.26,1962	Date Orig. Entry: -----
	Date of Birth: April 8, 1912	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Minnie Johnson	Name of Father: Charles Okerstrom	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital record; St. John's Hospital		By whom issued and signed: Sister Mary Marifilia, RRL	Date Issued: Dec.31,1962	Date Orig. Entry: Jan. 3, 1951
	Date of Birth: April 8, 1912	Birth Place: Idaho	Full Name of Mother: Minnie Johnson	Name of Father: Charles Okerstrom	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Shirley Miller	Date Filed: January 9, 1963

FORM BH 56067

12-11-62

DECLARED CERTIFICATE OF DEATH
STATE OF IDAHO

JAN 10 1963

Weidt

DEC 28 1973

214220-014-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-029

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Badley			2. Date Of Birth (month) (day) (year): October 20, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Oscar Vernon Badley			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Flora Louise Smith			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Fleming		11. Present Address of Registrant: 3417 N.E. Marine Dr.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 21, 19 62	12. Signature of Notary: William A. Jennings		13. Notary Commission expires: Oct. 6 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: File # 273, Oregon	Date Issued: Sept. 19, 1957	Date Orig. Entry: child born April 13, 1936
	Date of Birth: Age: 23	Birth Place: Caldwell, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: statement regarding school record		By whom issued and signed: Mrs. Heln Coffey, Secretary Department of Child Services	Date Issued: Dec.3,1962	Date Orig. Entry: 1926-1927
	Date of Birth: Oct.20,1912	Birth Place: Caldwell, Idaho	Full Name of Mother: Flora L. Badley	Name of Father: O. V. Badley	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital records. Portland Sanitarium & Hospital		By whom issued and signed: Mrs. Edith G. Lewis, M.R.L.	Date Issued: Nov.26,1962	Date Orig. Entry: July 10, 1955
	Date of Birth: Oct.20,1912	Birth Place: Idaho	Full Name of Mother: Flora Smith Badley	Name of Father: Oscar Vernon Badley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Shirley Miller	Date Filed: January 11, 1963

FORM BH 56067

JAN 11 1963

864-216-022-876

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-188

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen LaVere House
2. Date Of Birth (month) (day) (year): January 16 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Idaho

FATHER

6. Full Name of Father: Ambrose Dulin House
7. State or Country of Father's Birth: Tennessee

MOTHER

8. Full Maiden Name of Mother: Mary Hawkes
9. State or Country of Mother's Birth: Oxford, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen LaVere House (Mother)
11. Present Address of Registrant: #511 13th St., Ogden, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: March 6, 1963 19___
12. Signature of Notary: Notary Public Ogden, Utah
13. Notary Commission expires: July 21, 19 66

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photo copy of application for life insurance
By whom issued and signed: Metropolitan Life Insurance Company
Date Issued: ---
Date Orig. Entry: Jan. 15, 1934
Date of Birth: Jan.16,1912
Birth Place: Ashton, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: affidavit by mother
By whom issued and signed: Mary Hawkes House
Date Issued: March 6, 1963
Date Orig. Entry:
Date of Birth: Jan.16,1912
Birth Place: Fremont County Ashton, Idaho
Full Name of Mother: Mary Hawkes House
Name of Father: Ambrose Dulin House

SUPPORTING RECORD 3.

Type of Document: photo copy of Certificate of Baptism and Confirmation
By whom issued and signed: Wm. A. Budge, Bishop
Date Issued: Feb.8,1920
Date Orig. Entry: baptized Jan. 29, 1920
Date of Birth: Jan.16,1912
Birth Place: Fremont County Ashton, Idaho
Full Name of Mother: Mary Hawkes
Name of Father: Ambrouse House

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Shirley Miller
Date Filed: March 13, 1963

FORM BH 56067

MAR 13 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Helen Lavere House	2. Date of Birth (month) (day) (year): January 18 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Ashton, Fremont
	6. Duty or Town of Birth: Idaho		
FATHER	7. Full Name of Father: Ambrose Dulin House	8. State or Country of Father's Birth: Tennessee	
MOTHER	9. Full Maiden Name of Mother: Mary Hawkes	10. State or Country of Mother's Birth: Oxford, Idaho	
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	11. Present Address of Registrant: #611 15th St., Ogden, Utah
NOTARY (Seal)	Sworn and sworn to before me on March 6, 1963	12. Signature of Notary: Mary Public, Ogden, Utah	13. Notary Commission expires: July 21, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Photo copy of application for life insurance	By whom issued and signed: [illegible]	Date Issued: — Date Orig. Entry: Dec. 13, 1963
	Date of Birth: [illegible]	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 2	Type of Document: Affidavit by mother	By whom issued and signed: Mary Hawkes House	Date Issued: March 6, 1963
	Date of Birth: [illegible] Birth Place: Fremont County, Ashton, Idaho	Full Name of Mother: Mary Hawkes House	Name of Father: Ambrose Dulin House
SUPPORTING RECORD 3	Type of Document: Photo copy of Certificate of Baptism and Confirmation	By whom issued and signed: Wm. A. [illegible], Bishop	Date Issued: Feb. 8, 1962 Date Orig. Entry: Sept. 20, 1960
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: Mary Hawkes	Name of Father: Ambrose House
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which certificates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by: Shirley Miller	Date Filed: March 13, 1963

155-120-036-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-269

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Enos John Jenks			2. Date Of Birth (month) (day) (year): February 20, 1912
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Weston
FATHER	6. Full Name of Father: Chauncy Jenks			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Esther Jane Bell (Jenks)			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Enos J Jenks	11. Present Address of Registrant: 1481 Hadding St.
NOTARY (Seal)	Subscribed and sworn to before me on April 1st 1963	NOTARY PUBLIC In and for the County of Santa Clara, State of California	12. Signature of Notary: Lucille Leale	13. Notary Commission expires: LUCILLE LEALE NOTARY PUBLIC MY COMMISSION EXPIRES SEPT. 25, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of Certificate of Blessing		By whom issued and signed: Yeppa Benson, Bishop	Date Issued: ----	Date Orig. Entry: blessed April 7, 1912
	Date of Birth: Feb.20,1912	Birth Place: Oneida County Weston, Idaho	Full Name of Mother: Esther Bell	Name of Father: Chauncy Jenks	
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for insurance		By whom issued and signed: Beneficial Life Insurance Company	Date Issued: ----	Date Orig. Entry: Dec. 3, 1941
	Date of Birth: Feb.20,1912	Birth Place: Weston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Photo copy of Church Membership record		By whom issued and signed: L. D. S. Church	Date Issued: ----	Date Orig. Entry: baptized Mar. 6, 1920
	Date of Birth: Feb.20,1912	Birth Place: Weston, Idaho	Full Name of Mother: Esther Jene Bell	Name of Father: Chancy Jenks	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Shirley Miller	April 5, 1963

FORM BH 56067

APR 5 1963

Jenks

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9-5-[illegible]

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Enos John Jenks	2. Date of Birth (Month) (Day) (Year): February 20, 1912
	3. Color or Race: white; 4. Sex: male; 5. Place of Birth: Oneida; 6. County:	6. City or Town of Birth: Weston
FATHER	6. Full Name of Father: Chauncy Jenks	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Esther Jane Bell (Jenks)	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 1431 [illegible]
NOTARY SEAL	12. Signature of Notary: [signature]	13. Notary Commission expires: LUCILLE LEALE, MY COMMISSION EXPIRES [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of Certificate of Registration	By whom issued and signed: [illegible], Bishop	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: Feb. 20, 1912	Place of Birth: [illegible], Idaho	Name of Mother: Esther Bell	Name of Father: Chauncy Jenks
SUPPORTING RECORD 2.	Type of Document: Photo copy of Application for Registration	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: Dec. 8, 1941
	Date of Birth: Feb. 20, 1912	Birth Place: Weston, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Photo copy of [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: Feb. 20, 1912	Birth Place: Weston, Idaho	Full Name of Mother: Esther Jane Bell	Name of Father: [illegible]

QUALIFIED INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for the registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Registrar: [signature]	Evidence reviewed by: [illegible]	Date Filed: April 5, 1963

391-215-022-392

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-293

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rosa Blendina Crain
2. Date Of Birth (month) July (day) 15 (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: St Anthony, Idaho Fremont Co. b. City or Town of Birth: St Anthony, Idaho

FATHER

6. Full Name of Father: Marion Francis Crain
7. State or Country of Father's Birth: Valprariaso, Indiana

MOTHER

8. Full Maiden Name of Mother: Julia Harriet Tibbets Crain
9. State or Country of Mother's Birth: West Union, Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rosa Blendina McMullin
11. Present Address of Registrant: 1146 West Gem, Moses Lake Wn

NOTARY (Seal)

Subscribed and sworn to before me on 5th April 19 63

12. Signature of Notary: [signature]
13. Notary Commission expires: Jan 21, 1967 19____

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	Stanley C. Phillips, Branch President	-----	baptized July 28, 1937
	Date of Birth July 15, 1912 / **Birth Place** St. Anthony, Idaho	**Full Name of Mother** Harriet Tibbetts	**Name of Father** Francis Marion Crain	
SUPPORTING RECORD 2.	Own child's hospital birth certificate	Sacred Heart Hospital, Montana	-----	child born April 5, 1942
	Date of Birth July 15, 1912 / **Birth Place** St.Anthony, Idaho	**Full Name of Mother** -----	**Name of Father** -----	
SUPPORTING RECORD 3.	Photo copy of church record	Wallace L. Morris, Clerk	-----	Issued July 29, 1937
	Date of Birth July 15, 1912 / **Birth Place** St.Anthony, Idaho	**Full Name of Mother** Julia Harriet Tibbetts	**Name of Father** Francis Marion Crain	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: sm Shirley Miller
Date Filed: April 18, 1963

FORM BH 56067

APR 18 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

814-115-003-692

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-306
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fred James Hadley	2. Date of Birth (month) Dec. (day) 15 (year) 1912
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: a. County: Swan Lake Bannock	b. City or Town of Birth: Swan Lake
FATHER	6. Full Name of Father: Rich Hadley	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lillie Victoria Fisher	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred J. Hadley; 11. Present Address of Registrant: Downey Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: JUNE 20, 1956	12. Signature of Notary: Russell J. Hyde; 13. Notary Commission expires: MAY 4, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle, age: 73	By whom issued and signed: Willard Hadley	Date issued: November 13, 1962	Date Orig. Entry
Class*	Date of Birth: Dec.15,1912; Birth Place: Bannock County Swan Lake, Idaho	Full Name of Mother: Lillie Victoria Fisher	Name of Father: Rich Hadley	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File #230265	Date issued: -----	Date Orig. Entry: child born Mar. 13,1935
Class	Date of Birth: Age: 22; Birth Place: Swan Lake, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for life insurance	By whom issued and signed: Beneficial Life Insurance Co.	Date issued: ----	Date Orig. Entry: June 30, 1938
Class	Date of Birth: Dec.15,1912; Birth Place: Swan Lake, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Shirley Miller	April 24, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 49067

APR 24 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No. [illegible]

Reg. Dist. No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth: Dec. 15, 1912	
	4. Color or Race (Ex. Sex): [illegible]	6. Place of Birth: [illegible]	7. City or Town of Birth: [illegible]
FATHER	8. Full Name of Father: [illegible]	9. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	9. Sworn Declaration made that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY CERTIFICATE	Subscribed and sworn to before me on: JUNE 20, 1956	12. Signature of Notary: [illegible]	13. Notary Commission expires: MAY 8, [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by uncle, age: 73	By whom issued and signed: Willard Hadley	Date Issued: November 11, 1962
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Our child's birth certificate	By whom issued and signed: Idaho State File #220168	Date Issued: [illegible]
	Date of Birth: Birth Place: Age: 92 Swan Lake, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: Note copy of application for life insurance	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: June 30, 1960
	Date of Birth: Birth Place: Dec. 15, 1912 Swan Lake, Idaho	Full Name of Mother:	Name of Father:

QUALIFYING RECORD

CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence reviewed by: Shirley Miller	Date Filed: April 24, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

819-225-025-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-533

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sadie Mary Harman			2. Date Of Birth (month) 7 (day) 25 (year) 1912
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Cottonwood, Idaho	b. City or Town of Birth: same
FATHER	6. Full Name of Father: George Haarman			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Anna Tacke			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sadie Mary Harman		11. Present Address of Registrant: 774 April Lane, Yuba City, Cali
NOTARY (Seal)	Subscribed and sworn to before me on: June 13, 1963	12. Signature of Notary: Dennie Estelle Simmons		13. Notary Commission expires: May 28, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: California State File #5801	Date Issued: April 8, 1963	Date Orig. Entry: child born May 1, 1938
	Date of Birth: Age: 25 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license	By whom issued and signed: Mildred Tapley, Recorder	Date Issued: April 8, 1963	Date Orig. Entry: Oct. 3, 1935
	Date of Birth: Age: 23 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism	By whom issued and signed: Our Lady "Help of Christians' Church, Cottonwood, Idaho	Date Issued: June 1 1963	Date Orig. Entry: baptized July 28, 1912
	Date of Birth: July 25, 1912 / Birth Place: Cottonwood, Idaho	Full Name of Mother: Anna Tacke	Name of Father: George Haarman	
QUALIFYING INFORMATION	Statement regarding Hospital records issued by Rideout Hospital Foundation, Marysville, California dated July 5, 1963 gives date of birth as July 25, 1912 Place of birth Idaho. Dated July 1946.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: sm Joyce B. Foltz		Date Filed: 7-31-63

FORM BH 56067

Mylar

JUL 31 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) [illegible]	
	3. Color or Race: [illegible]	4. Sex: F	5. Place of Birth: Cottonwood, Idaho
			6. City or Town of Birth: [illegible]
FATHER	7. Name of Father: [illegible]		7. State or Country of Father's Birth: [illegible]
MOTHER	8. Name of Mother: [illegible]		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	10. Signature of Registrant		11. Present Address of Registrant
NOTARY	12. Signature of Notary		13. Notary Commission Expires

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certified copy of one [illegible]	By whom issued and signed: California State [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible], Recorder	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: Certificate of [illegible]	By whom issued and signed: [illegible] of Christians [illegible] Cottonwood, Idaho	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Anna Tacke	Name of Father: George Haerman

QUALIFYING INFORMATION: Statement regarding hospital records issued by Tidcout Hospital Foundation, Hersyville, California [illegible] July 5, 1963 given date of birth as July 25, 1912. Place of birth Idaho. Dated July 1963.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce S. Folk	7-31-63

FORM SH 56067

154-22-033-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-649

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glenna Louisa Anderson			2. Date Of Birth (month) Sept. (day) 21, (year) 1912	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg	
FATHER	6. Full Name of Father: Oliver Calvin Anderson			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Isabella Ellsworth			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glenna Louisa Anderson Bartschi		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on September 13 1963	12. Signature of Notary: James P Mass		13. Notary Commission expires: January 6 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for insurance	By whom issued and signed: Beneficial Protective Association		Date Issued: ---	Date Orig. Entry: May 29, 1939
	Date of Birth: Sept. 21, 1912	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Duplicate of Certificate of Baptism and Confirmation	By whom issued and signed: Roscoe E. Evans, Bishop		Date Issued: April 1, 1962	Date Orig. Entry: baptized Oct. 2, 1920
	Date of Birth: Sept. 21, 1912	Birth Place: Madison County Rexburg, Idaho	Full Name of Mother: Isabella Ellsworth	Name of Father: Oliver C. Anderson	
SUPPORTING RECORD 3.	Type of Document: Photo copy of app. for social security account number	By whom issued and signed: U. S. Treasury Department		Date Issued: ---	Date Orig. Entry: Nov. 24, 1936
	Date of Birth: Sept. 21, 1912	Birth Place: Rexburg, Idaho	Full Name of Mother: Isabella Ellsworth	Name of Father: Oliver Calvin Anderson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Miller	Date Filed: September 19, 1963

FORM BH 56067

SEP 19 1963

799-117-005-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-655

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Clyde Prince
2. Date Of Birth (month) (day) (year): January 17, 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Boise
b. City or Town of Birth: Idaho City, Idaho

FATHER

6. Full Name of Father: James Russell Prince
7. State or Country of Father's Birth: Newfoundland

MOTHER

8. Full Maiden Name of Mother: Evelyn Moss
9. State or Country of Mother's Birth: Newfoundland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Clyde Prince
11. Present Address of Registrant: 4112 Mtn. View Drive Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 19 1963
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: 9-28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's Hospital birth certificate	St. Lukes Hospital Boise, Idaho	----	Child born March 16, 1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	January 17, 1912 / Idaho City, Idaho	-----	-----	
SUPPORTING RECORD 2.	Baptismal certificate	By whom issued and signed: Boise, Idaho St, Michael's Cathedral	Date Issued: ----	Date Orig. Entry: Baptized Sept. 1, 1912
	Date of Birth / **Birth Place**	**Full Name of ~~Mother~~ Father**	**Name of ~~Father~~ Mother**	
	January 17, 1912 / Idaho City, Idaho	James Prince	Evelyn Moss Prince	
SUPPORTING RECORD 3.	Honorable Discharge	By whom issued and signed: Army of the United States H. S. Orvis, Personnel Officer	Date Issued: ----	Date Orig. Entry: November 10, 1945
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	January 17, 1912 / Idaho City, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Morris	September 19, 1963

FORM BH 56067

SEP 23 1969

SEP 14 1976

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Primer

1. NAME OF CHILD (First, Middle, Last)	2. DATE OF BIRTH (Month, Day, Year)
James Clayton Prince	January 17, 1919
3. PLACE OF BIRTH (County)	4. SEX
Boise	Male
5. FATHER — Full Name	6. Color or Race
James Wesley Prince	White
7. Age at Last Birthday	8. Birthplace (State or Foreign Country)
50	Idaho
9. MOTHER — Full Maiden Name	10. Age at Last Birthday
Jessie Rose	50
11. Birthplace (State or Foreign Country)	
Idaho	

AFFIDAVIT

I, the undersigned, hereby certify that the above statements are true to the best of my knowledge and belief.

12. Signature of Applicant

13. Address of Applicant

NOTARY

Subscribed and sworn to before me on

14. Signature of Notary

15. Notary Commission expires

SUPPORTING DOCUMENT — DO NOT WRITE BELOW THIS LINE

Description of Document	Affidavit
Name of Hospital or Physician	Boise Maternity Hospital
Date of Birth	January 17, 1919
Place of Birth	Boise, Idaho
Type of Document	Baptismal Certificate
Name of Church	St. Michael's Cathedral
Place Issued	Boise, Idaho
By whom Issued and Signed	Rev. Thomas Prendergast, Pastor
Date Issued	----
Date Copy Sent to Applicant	September 23, 1969
Name of Registrar	Evelyn Rose Prince Butler
Date Filed	November 17, 1969

FOR STATE USE ONLY

Type of Document	Affidavit
Date Filed	----
By whom Issued and Signed	U. S. Judge Theophilus Peterson, Boise, Idaho
Date of Oath	----
Type of Document	Baptismal Certificate
Date of Birth	January 17, 1919
Place of Birth	Boise, Idaho
By whom Issued and Signed	Rev. Thomas Prendergast, Pastor
Date Issued	----
Date Copy Sent to Applicant	September 23, 1969
Type of Document	Honorable Discharge
Date of Birth	January 17, 1919
Place of Birth	Idaho City, Idaho
By whom Issued and Signed	Army of the United States, Bureau of Defense
Date Issued	----
Date Copy Sent to Applicant	November 17, 1969

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing statement.

Signature	Evidence reviewed by	Date filed
M. V. Benson	Betty Morris	September 19, 1969

391-223-010-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-682

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Verna Cramer
2. Date Of Birth (month) 10 (day) 23 (year) 1912
3. Color or Race: white
4. Sex: f
5. Place of Birth a. County: Ucon Bonneville
b. City or Town of Birth: Ucon Idaho

FATHER

6. Full Name of Father: Otter George Cramer
7. State or Country of Father's Birth: Nelson Denmark

MOTHER

8. Full Maiden Name of Mother: Mary Jenette Thompson
9. State or Country of Mother's Birth: Henrieville Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verna Clifford
11. Present Address of Registrant: Shelley Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 9-24 1963

12. Signature of Notary: E. S McConnell
13. Notary Commission expires: 3-13 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	Robt. Andrus, Bishop	July 3, 1921	baptized June 12, 1921
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.23,1912 / Bonneville County Ucon, Idaho	Mary Jennette Thompson	George Cramer	
SUPPORTING RECORD 2.	Own child's birth certificate	Idaho State File # 213841	---	child born July 21, 1933
	Age: 20 / Ucon, Idaho	-----	-----	
SUPPORTING RECORD 3.	Certificate of Blessing	John A. Woolf, Bishop	----	blessed Mar. 2, 1913
	Oct.23,1912 / Bonneville County, Idaho	Jennette Thompson	George Cramer	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Shirley Miller	September 27, 1963

FORM BH 56067 (Copyrd. #10679)

SEP 27 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

469-120-028-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-713

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elvin Richard Morgan			2. Date Of Birth (month) (day) (year): August 20th 1912
	3. Color or Race: White	4. Sex:	5. Place of Birth a. County: Kootney Co. Idaho	b. City or Town of Birth: R.F.D.
FATHER	6. Full Name of Father: Jacob Richard Morgan			7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Sarah Jane Shaffer			9. State or Country of Mother's Birth: Macon Co. Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elvin Richard Morgan		11. Present Address of Registrant: R#2 Lexington.Oklahoma.
NOTARY (Seal)	Subscribed and sworn to before me on: 10-5- 1963	12. Signature of Notary: J B Hackler		13. Notary Commission expires: 4-10- 1967

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized photo copy of page from family Bible	By whom issued and signed: J. B. Hackler, Notary Public	Date Issued: obviously old	Date Orig. Entry
	Date of Birth: Aug. 20,1912	Birth Place: Kootney County, Idaho	Full Name of Mother: -------	Name of Father: Jacob Richard Morgan
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Sarah Jane Morgan	Date Issued: October 5, 1963	Date Orig. Entry
	Date of Birth: Aug.20,1912	Birth Place: Kootney County, Idaho	Full Name of Mother: Sara Jane Morgan	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Oklahoma State File #36396	Date Issued: Sept. 12, 1960	Date Orig. Entry: child born Sept. 20, 1947
	Date of Birth: Age: 35	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W M Benson	Evidence reviewed by: Shirley Miller		Date Filed: October 8, 1963

FORM BH 56067

OCT 8 1963

493-106-028-258

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-716

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clyde John Miller
2. Date Of Birth (month) (day) (year): September 6, 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Idaho — a. County: Kootenai — b. City or Town of Birth: Plummer

FATHER

6. Full Name of Father: John Otto Miller
7. State or Country of Father's Birth: Wisonsin

MOTHER

8. Full Maiden Name of Mother: Minnie P. Beyer
9. State or Country of Mother's Birth: Winconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clyde John Miller
11. Present Address of Registrant: 615 Lincoln Ave St Maries, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Oct 4 1963

12. Signature of Notary: Thomas C. Morris
13. Notary Commission expires: NOTARY PUBLIC for the State of Idaho Residing at St. Maries, Idaho — My commission expires June 15, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate	Idaho State File # 315687.	Mar. 24, 1944	child born April 4, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 28	Plummer, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by parents	Minnie P. Miller and John O. Miller	August 5, 1963	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 6, 1912	Kootenai County Plummer, Idaho	Minnie P. Miller	John O. Miller

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photo copy of application for life insurance	Mutual Benefit Life Insurance Company of Newark, N. J.	November 19, 1937	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 6, 1912	Plummer, Idaho	---	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	sm Shirley Miller	October 9, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Moore (city)

OCT 10 1963

764-220-040-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-759

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Etta Jean Gomes
2. Date Of Birth (month) (day) (year): MAR 20 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Shoshone Idaho
b. City or Town of Birth: Shoshone,

FATHER

6. Full Name of Father: Anthony M. Gomes
7. State or Country of Father's Birth: AZORES. Isl.

MOTHER

8. Full Maiden Name of Mother: Mary Silva Gomes
9. State or Country of Mother's Birth: AZORES Isl.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Etta Jean Osterberg
11. Present Address of Registrant: 21201 Sullivan Way Saratoga, Calif

NOTARY (Seal)

Subscribed and sworn to before me on: February 16 1961
12. Signature of Notary: Thelma O. Hoff
13. Notary Commission expires: February 29 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy application	Independent Order of Foresters	---	Jan.31,1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.20,1912	Shoshone, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding hospital records	San Jose Hospital, I.McKay, Libr.	Jan.11,1961	1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.20,1912	Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Mary Gomes	October	19, 1963

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.20,----	Shoshone, Idaho	Mary Silva Gomes	Anthony M. Gomes

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Shirley Miller	October 28, 1963

FORM BH 56067

1-4-61

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 28 1969

693-17-1004-841

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-056

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wayne Q. Wilcox			2. Date of Birth (month) (day) (year): October 17, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Dingle
FATHER	6. Full Name of Father: Oliver C. Wilcox			7. State or Country of Father's Birth: Paris, Idaho
MOTHER	8. Full Maiden Name of Mother: Merette Quayle			9. State or Country of Mother's Birth: Dingle, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne Q Wilcox		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 20th day of November 1963	12. Signature of Notary: L Dwight Shepherd		13. Notary Commission expires: Oct 10 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File # 354421	Date Issued: ---	Date Orig. Entry: child born July 30, 1942
	Date of Birth: Age: 29	Birth Place: Dingle, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for marriage license	By whom issued and signed: Amos B. Hulme, Co. Recorder	Date Issued: Nov. 20, 1963	Date Orig. Entry: Mar. 5, 1943
	Date of Birth: Oct. 17, 1912	Birth Place: Dingle, Idaho	Full Name of Mother: Marettie Quayle	Name of Father: Oliver C. Wilcox
SUPPORTING RECORD 3.	Type of Document: Notarized copy of hospital record: Bear Lake Memorial Hospital	By whom issued and signed: Juanita Derricott, Notary Public	Date Issued: Mar. 31, 1954	Date Orig. Entry: Mar. 1, 1954
	Date of Birth: Age: 41	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	bm Shirley Miller	January 28, 1964

FORM BH 56067

JAN 29 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE OF IDAHO
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Wayne C. Wilcox	2. Date of Birth (month) (day) (year): October 17, 1912
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: Bear Lake	6. County: Dingle
FATHER	6. Full Name of Father: Oliver C. Wilcox	7. State or County of Father's Birth: Paris, Idaho
MOTHER	8. Full Maiden Name of Mother: Mereste Quayle	9. State or County of Mother's Birth: Dingle, Idaho
VERIFICATION	1. Hereby declare and pass that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary
	13. Notary Commission expires	

SUPPORTING RECORD 1

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	---	[illegible]
Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	Oliver C. Wilcox

SUPPORTING RECORD 2

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	Nov. 20, 1953	Mar. [illegible], 1954
Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	Oliver C. Wilcox

SUPPORTING RECORD 3

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	Mar. [illegible], 1954	Mar. 1, 1954
Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	---	---

IN OPERATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

693-106-022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-093

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Newell Willis			2. Date of Birth (month) January (day) 6 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Sugar City, Fremont Co.	b. City or Town of Birth: Sugar City, Idaho
FATHER	6. Full Name of Father: Stephen Ray Willis			7. State or Country of Father's Birth: Utah Ashley Forkes, Uintah, County
MOTHER	8. Full Maiden Name of Mother: Blanche Shelton Willis			9. State or Country of Mother's Birth: Teton City, Fremont Co. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Newell Willis		11. Present Address of Registrant: 64 Oak Street Midvale Utah
NOTARY (Seal)	Subscribed and sworn to before me on: November 12, 1962	12. Signature of Notary: [signature]		13. Notary Commission expires: June 21 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of employment application Kennecott Copper	By whom issued and signed: L. O. Hamlin, Industrial Corp. Relations Represenative	Date Issued: Nov.29,1962	Date Orig. Entry: April 1, 1937	
	Date of Birth: Jan.6,1912	Birth Place: Sugar City, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photo copy of application for insurance	By whom issued and signed: The Prudential Insurance Company	Date Issued: -----	Date Orig. Entry: Nov. 24, 1937	
	Date of Birth: Jan.6,1912	Birth Place: Sugar City, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Stephen Ray Willis	Date Issued: February 4, 1964	Date Orig. Entry:	
	Date of Birth: Jan.6,1912	Birth Place: Sugar City, Idaho	Full Name of Mother: Blanche Shelton	Name of Father: Stephen Ray Willis	
QUALIFYING INFORMATION	photo copy of Honorable Discharge from the U.S. Army dated Feb. 6, 1937. Enlisted Feb. 7, 1934. Age: given at that time was 22 and place of birth as Sugar City, Idaho				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	February 11, 1964

FORM BH 56067

FEB 12 1964

284-22-039-862

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-116

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fredone) Shumway
2. Date of Birth (month) (day) (year): March 24 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Rockland Power
   b. City or Town of Birth: Rockland

FATHER

6. Full Name of Father: Richard Franklin Shumway
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Laura Hobbs
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fredone S. Nilsen
11. Present Address of Registrant: 685 Woodland Menlo Park

NOTARY (Seal)

Subscribed and sworn to before me on: OCTOBER 30, 1963

12. Signature of Notary: Thomas N. Williams

13. Notary Commission expires: THOMAS N. WILLIAMS, Notary Public My Commission Expires July 10, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by parents	Richard Franklin Shumway Laura H. Shumway	November 4, 1963	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 24, 1912	Power County Rockland, Idaho	Laura H. Shumway	Richard Franklin Shumway

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's hospital birth certificate	Berkeley General Hospital Berkeley, California	---	child born May 20, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 24, 1912	Rockland, Idaho	----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
College Transcript	San Jose State College Leslie W. Ross, Registrar	May 1, 1958	June, 1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 24, 1912	Rockland, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm sm Shirley Miller	February 20, 1964

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 21 1964

414-04-022-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-185

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dermont Madsen
2. Date Of Birth: (month) June (day) 4 (year) 1912
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County (mail Rigby) Fremont; b. City or Town of Birth: Garfield, Fremont, Idaho

FATHER

6. Full Name of Father: James Madsen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Belsy Merinda Crump
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dermont Madsen
11. Present Address of Registrant: Box 148 Iona, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 14 1964
12. Signature of Notary: Jimmy D Passehl
13. Notary Commission expires: Aug 14 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism and Confirmation
By whom issued and signed: Torrence S. Lee, Clerk
Date Issued: -----
Date Orig. Entry: baptized Aug. 14, 1921
Date of Birth: June 4, 1912
Birth Place: Rigby, Idaho
Full Name of Mother: Betsy M. Crump
Name of Father: James Madsen

SUPPORTING RECORD 2.

Type of Document: Own child's birth certificate
By whom issued and signed: Idaho State File #423097
Date Issued: ----
Date Orig. Entry: child born July 28, 1946
Date of Birth: Age: 34
Birth Place: Garfield, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: Certificate of Blessing
By whom issued and signed: G. Mugleston, Clerk
Date Issued: ----
Date Orig. Entry: blessed July 7, 1912
Date of Birth: June 4, 1912
Birth Place: Fremont County Garfield, Idaho
Full Name of Mother: Betzie Crump
Name of Father: James Madsen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barron
Evidence reviewed by: sm Shirley Miller
Date Filed: March 13, 1964

FORM BH 56067 (M) 4-26-63. one copy pd. rec. #01594. search made in Fremont County.

MAR 13 1964

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

735-201-028-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-212

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EMILY MODEANA GLEN.
2. Date of Birth: (month) 2 (day) 1 (year) 12.
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: ATHOL. b. City or Town of Birth: IDAHO

FATHER

6. Full Name of Father: WALTER GLEN.
7. State or Country of Father's Birth: TENNESSEE

MOTHER

8. Full Maiden Name of Mother: MABLE SOSEPHINE HOCKETT.
9. State or Country of Mother's Birth: KANSAS.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Emily M. Osborne.
11. Present Address of Registrant: E3718-21ST SPOKANE WN.

NOTARY (Seal)

Subscribed and sworn to before me on: March 15 1962
12. Signature of Notary: Edmund C. Zoller
13. Notary Commission expires: December 6 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of own child's birth certificate	Idaho State File # 191951	Mar. 16, 1953	child born June 17, 1931
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 19 / Athol, Idaho	-----	-----	
SUPPORTING RECORD 2.	Affidavit by mother	Mabel Josephine Glen Montgomery	August 17, 1961	
	Feb. 1, 1912 / Athol, Idaho	Mabel Josephine Hockett Glen	Walter Glen	
SUPPORTING RECORD 3.	Notarized photo copy of Bible Record	Beatrice E. Graff, Notary Public	---	obviously old
	Feb. 1, 1912 / ----	---	---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown 7-26-61	Shirley Miller	March 23, 1964

FORM BH 56067

STATE OF IDAHO

RESIDENCE

1. (Person whose birth is being registered)

2. Date of Birth

3. City or Town of Birth

4. County of Birth

5. Usual Residence

6. Full Name of Father

7. State or Country of Father's Birth

8. Maiden Name of Mother

9. State or Country of Mother's Birth

CERTIFICATE

10. I hereby certify that I attended the birth of the person above mentioned who was born alive at the time, date and place stated above.

11. Operator of Equipment

12. Present Address of Operator

13. Signature of Attendant

14. Address of Attendant

15. Date Signed

16. Name of Physician or Midwife in attendance

17. Address of Physician or Midwife

18. Date Signed

CERTIFICATE OF DELIVERY

19. I hereby certify that I delivered a child to the above named mother on the above date.

20. Address of Person Delivering

21. Date Signed

CERTIFICATE OF FACTS OF BIRTH

22. I hereby certify that I have investigated the facts stated above and that in my opinion they are true.

23. Address of Informant

24. Date Signed

CERTIFICATE OF PERSON WHO SUPERVISED BIRTH

25. I hereby certify that I supervised the birth of the person above mentioned who was born alive at the time, date and place stated above.

26. Address of Person Supervising

27. Date Signed

CERTIFICATE OF ATTENDANT NOT PRESENT AT BIRTH

28. I hereby certify that I have investigated the facts stated above and that in my opinion they are true.

29. Address of Informant

30. Date Signed

CERTIFICATE OF PHYSICIAN OR MIDWIFE

31. I hereby certify that I attended the birth of the person above mentioned who was born alive at the time, date and place stated above.

32. Address of Physician or Midwife

33. Date Signed

CERTIFICATE OF PERSON WHO SUPERVISED BIRTH

34. I hereby certify that I supervised the birth of the person above mentioned who was born alive at the time, date and place stated above.

35. Address of Person Supervising

36. Date Signed

CERTIFICATE OF FACTS OF BIRTH

37. I hereby certify that I have investigated the facts stated above and that in my opinion they are true.

38. Address of Informant

39. Date Signed

CERTIFICATE OF PERSON WHO SUPERVISED BIRTH

40. I hereby certify that I supervised the birth of the person above mentioned who was born alive at the time, date and place stated above.

41. Address of Person Supervising

42. Date Signed

CERTIFICATE OF FACTS OF BIRTH

43. I hereby certify that I have investigated the facts stated above and that in my opinion they are true.

44. Address of Informant

45. Date Signed

CERTIFICATE OF PERSON WHO SUPERVISED BIRTH

46. I hereby certify that I supervised the birth of the person above mentioned who was born alive at the time, date and place stated above.

47. Address of Person Supervising

48. Date Signed

CERTIFICATE OF FACTS OF BIRTH

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457. I hereby certify that I have investigated the facts stated above and that in my opinion they are true.

458. Address of Informant

459. Date Signed

CERTIFICATE OF PERSON WHO SUPERVISED BIRTH

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461. Address of Person Supervising

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CERTIFICATE OF FACTS OF BIRT

859-218-044-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-217

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sara Heinrich			2. Date of Birth (month) (day) (year): November 18 1912
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: John Heinrich			7. State or Country of Father's Birth: RUSSIA
MOTHER	8. Full Maiden Name of Mother: Katie Giebelhous			9. State or Country of Mother's Birth: RUSSIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Sarah Sheehan	11. Present Address of Registrant: Rt. 1, Box 12 Greenville, California
NOTARY (Seal)	Subscribed and sworn to before me on: 5 November 1963		12. Signature of Notary: Morris Durrant NOTARY PUBLIC - CALIFORNIA [illegible]	13. Notary Commission expires: COMMISSION EXPIRES SEPTEMBER 18, 1966 Sept. 18 1966

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: John Heinrich	Date Issued: December 3, 1963	Date Orig. Entry
	Date of Birth: Nov. 18,1912	Birth Place: Midvale, Idaho	Full Name of Mother: Katie Heinrich	Name of Father: John Heinrich	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage record		By whom issued and signed: Marian M. Martin, Oregon State Registrar	Date Issued: Nov.21,1963	Date Orig. Entry: Nov. 1, 1931
	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: Ida Hogan Gronwold, Co. Recorder	Date Issued: Mar. 5,1964	Date Orig. Entry: child born Jan. 29, 1941
	Date of Birth: Age: 28	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: March 24, 1964

FORM BH 56067

MAR 24 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

674-215-008-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-234

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maxine Lovel Ogden			2. Date Of Birth (month) July (day) 15 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: ~~Long Valley~~ Idaho a. County Boise	b. City or Town of Birth: ~~Long Valley~~ Cascade	
FATHER	6. Full Name of Father: Emery Lovel Ogden			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Anna May Montgomery			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maxine Price		11. Present Address of Registrant: 3533 East 14 St. Oakland Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: November 1, 1961	12. Signature of Notary: E. Penelon		13. Notary Commission expires: Sept. 22, 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Driver's Identification 12the Naval District Transportation Pool	By whom issued and signed: H. Rhodes, Transportation Officer		Date Issued: July 18, 1944	Date Orig. Entry
	Date of Birth: July 15, 1912	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt; age: 70	By whom issued and signed: Dora Montgomery Robb		Date Issued: March 27, 1964	Date Orig. Entry
	Date of Birth: July 15, 1912	Birth Place: Cascade, Idaho	Full Name of Mother: Anna May Montgomery	Name of Father: Emery Lovel Ogden	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license	By whom issued and signed: Jack G. Blue, County Recorder		Date Issued: Feb. 3, 1964	Date Orig. Entry: May 5, 1937
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: May Montgomery	Name of Father: Emery Ogden	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Miller	April 1, 1964

FORM BH 56067

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APR 1 1964

695227 036-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-243

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lily Violet Fredrickson		2. Date of Birth (month) June (day) 27 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Pauline Oneida	b. City or Town of Birth: (Meadow Ward)
FATHER	6. Full Name of Father: Frank Eugene Fredrickson		7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Hanna Elise Hansen		9. State or Country of Mother's Birth: Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lily Violet Fredrickson Webb	11. Present Address of Registrant: Box 522 Glenns Ferry Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 3/31 - 1964		12. Signature of Notary: W. W. Reed	13. Notary Commission expires: 3/9 - 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho State File # 313822	Date Issued: ---	Date Orig. Entry: child born May 9, 1941
	Date of Birth: Age: 28	Birth Place: Pauline, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: W. F. Kowallis, Bishop	Date Issued: ---	Date Orig. Entry: blessed Aug. 4, 1912
	Date of Birth: June 27, 1912	Birth Place: Meadow Ward, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Hanna Fredrickson	Date Issued: March	Date Orig. Entry: 20, 1964
	Date of Birth: June 27, 1912	Birth Place: Oneida County Pauline, Idaho	Full Name of Mother: Hanna Elise Hansen	Name of Father: Frank Eugene Fredrickson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: April 3, 1964

FORM BH 56067

APR 10 1964

369-202-014-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-329

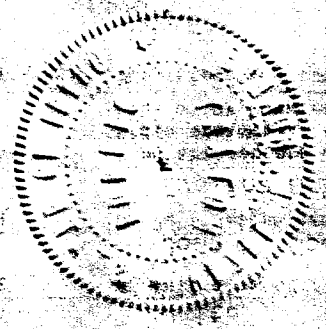
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Aileene Bernice Cornilles			2. Date of Birth (month) May (day) 2 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: John W. Cornilles			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Evalina Mable McLaughlin			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Aileene B. Ballard		11. Present Address of Registrant: 1405-Apt B No. 16th, Boise, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: May 5 1964	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized Copy of Family Bible Record	By whom issued and signed: Geneva B. Russell, Notary Public, Idaho	Date Issued: May 2, 1964	Date Orig. Entry: obviously old
	Date of Birth: May 2, 1912	Birth Place: Nampa, Idaho	Full Name of Mother: Evalena Mabel Cornilles	Name of Father: John Cornilles
SUPPORTING RECORD 2.	Type of Document: Certified copy Marriage License Affidavit	By whom issued and signed: S.S.Foote, County Recorder Canyon Co., Caldwell, Idaho	Date Issued: April 30 1964	Date Orig. Entry: July 29, 1929
	Date of Birth: Age 17	Birth Place: -----	Full Name of Mother: Mrs. John Cornilles	Name of Father: --------
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #225081	Date Issued: ------	Date Orig. Entry: child born August 22, 1934
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: May 4, 1964

FORM BH 56067



962-219-039-913

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-335
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maggie Robinson			2. Date of Birth (month) August (day) 19 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Power	b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: Roy Burwin Robinson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Pearl Eliza Ralph			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maggie Robinson Ellis		11. Present Address of Registrant: 252 Ravine Drive, Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 4, 1964	12. Signature of Notary: [signature]		13. Notary Commission expires: Oct. 23, 1967.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church, Rockland Ward. W.P. Fifield, Clerk	Date Issued: -----	Date Orig. Entry: Blessed Nov. 2, 1912
	Date of Birth: August 19 1912 / Birth Place: Rockland, Idaho Oneida County	Full Name of Mother: Pearl Ralphs	Name of Father: Roy Robinson	
SUPPORTING RECORD 2. Class_____	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #446537	Date Issued: -----	Date Orig. Entry: Child born Dec. 9, 1947
	Date of Birth: age 35 / Birth Place: Rockland, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3. Class_____	Type of Document: photocopy of application to Insurance Company 21-383-418	By whom issued and signed: New York Life Insurance Company	Date Issued: March 8, 1949	Date Orig. Entry: March 8, 1949
	Date of Birth: August 19, 1912 / Birth Place: Rockland, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. M. Bean	Evidence reviewed by: gml Glenda M. Larson		Date Filed: May 6, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

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4-29-64

719201-001-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-355

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LAURA MARY GARDNER			2. Date of Birth: (month) 10 (day) 1 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: IDAHO a. County: ADA	b. City or Town of Birth: BOISE
FATHER	6. Full Name of Father: (Nate M.) Nathan Milo Gardner			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Nelson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laura Mary Gardner Martin		11. Present Address of Registrant: Yakima, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: April 17 1964	12. Signature of Notary: Lois Nelson		13. Notary Commission expires: May 27 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate from attending physician	By whom issued and signed: Mary A. Callaway, M.D.	Date Issued: ---	Date Orig. Entry: child born April 18, 1932
	Date of Birth: Oct. 1,1912 / Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Notorized photocopy of Bible record	By whom issued and signed: Lois I. Nelson, Notary Public	Date Issued: April 28, 1964	Date Orig. Entry: obviously old
	Date of Birth: Oct. 1,1912 / Birth Place: Boise, Idaho, Ada County	Full Name of Mother: Mary Gardner	Name of Father: Nate Gardner	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Mary Gardner Smith	Date Issued: April 15, 1964	Date Orig. Entry: ---
	Date of Birth: Oct. 1,1912 / Birth Place: Boise, Ada Co. Idaho	Full Name of Mother: Mary Nelson	Name of Father: (Nate M.) Nathan Milo Gardner	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson	May 13, 1964

FORM BH 56067

Starter

MAY 13 1964

419-106-039-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De. 64-356

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Philipp Adam Martel			2. Date of Birth (month) Sept. (day) 6 (year) 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Power	b. City or Town of Birth: American Falls	
FATHER	6. Full Name of Father: Rudolf Martel			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Eva Schlaht			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Adam Phillip Martell aka-Philipp Adam Martel		11. Present Address of Registrant: Rt. 3 Box 317B, Lodi, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 1964	12. Signature of Notary: D P Kundert		13. Notary Commission expires: July 18 1964	

NOTARY PUBLIC SAN JOAQUIN CO. CAL.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Certificate of Baptism	By whom issued and signed: Lutheran Church		Date Issued: ---	Date Orig. Entry: Baptized Oct. 13, 1912
	Date of Birth: Sept. 6, 1912	Birth Place: American Falls, Idaho	Full Name of Mother: Eva Schlaht	Name of Father: Rudolf Martel	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neigbor at time of birth age 72	By whom issued and signed: Jacob W. Miller		Date Issued: May 1, 1964	Date Orig. Entry: ---
	Date of Birth: Sept. 6, 1912	Birth Place: American Falls, Idaho	Full Name of Mother: Eva Schlaht	Name of Father: Rudolf Martel	
SUPPORTING RECORD 3.	Type of Document: Photocopy of page from family Bible	By whom issued and signed: Family record		Date Issued: ---	Date Orig. Entry: Obviously old
	Date of Birth: Sept. 6, 1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson	May 13, 1964

FORM BH 56067

Martel

MAY 13 1964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

767
299-208-044-234

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-367

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vesta Rachel Krieger			2. Date Of Birth (month) 12 (day) 8 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Washington	b. City or Town of Birth: Midvale	
FATHER	6. Full Name of Father: Peter Conrad Krieger			7. State or Country of Father's Birth: Norga Russia	
MOTHER	8. Full Maiden Name of Mother: Dorothy Anna Kluck			9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vesta Skloosbal		11. Present Address of Registrant: 1302 Nash St. Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 27 1964	12. Signature of Notary: Leo Baker		13. Notary Commission expires: Aug. 1 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister (Age 64)	By whom issued and signed: Elizabeth Krieger Killian		Date Issued: April 22 1964	Date Orig. Entry:
	Date of Birth: Dec. 8, 1912	Birth Place: Midvale, Idaho	Full Name of Mother: Dorothy Anna Kluck	Name of Father: Peter Conrad Krieger	
SUPPORTING RECORD 2.	Type of Document: Childs own birth certificate	By whom issued and signed: on file with State of Idaho # 234817		Date Issued: -----	Date Orig. Entry: child born Aug. 7, 1935
	Date of Birth: Age 22	Birth Place: Midvale, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Lukes Hospital Linda S. Byerly, Asst.M.R.L.		Date Issued: July 22, 1959	Date Orig. Entry: Entered Hosp. Aug. 7, 1935
	Date of Birth: Dec 8 1912	Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: May 15, 1964

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrar's Full Name of Birth		2. Date of Birth (month) 12	Year 8 1912
Lesta Rachel Krieger			
3. Child of Birth (Sex) White	4. Place of Birth Idaho	Account Washington	5. City or Town of Birth Midvale
6. Full Name of Father			7. State or Country of Father's Birth Morga Russia
Peter Conrad Krieger			
8. Full Maiden Name of Mother			9. State or Country of Mother's Birth Germany
Dorothy Anna Kluck			

10. Signature of Registrant	11. Mailing Address of Registrant	
	1302 Wash St. Boise, Idaho	
12. Signature of Notary	13. Notary Commission expires	

SUPPORTING RECORD 1	Type of Document: Affidavit by Sister	Name of Witness and Signature: Elizabeth Krieger Pillman	Date Issued: April 22 1964
	Date of Birth: 1912	Place of Birth: Midvale, Idaho	Date of Birth: Peter Conrad Krieger
SUPPORTING RECORD 2	Type of Document: Childhood birth certificate	By whom issued and signed: on file with State of Idaho	Date Issued: ----
	Date of Birth: Age 22	Birth Place: Midvale, Idaho	Name of Father: ----
SUPPORTING RECORD 3	Type of Document: Hospital Record	By whom issued and signed: Linda S. Pyerly, Asst. M.R.L.	Date Issued: July 2 1962
	Date of Birth: 1912	Birth Place: Idaho	Name of Father: ----

SPECIFIC DESCRIPTION

REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	Date Registrar: [illegible] Benson	Evidence reviewed by: Florence Cartright	Date Filed: May 15, 1964

434-229-028-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-408
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mabel Elizabeth McDonald
2. Date Of Birth: (month) Oct. (day) 29 (year) 1912
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Coeur D'Alene Idaho
b. City or Town of Birth: Coeur D'Alene

FATHER

6. Full Name of Father: Herbert McDonald
7. State or Country of Father's Birth: Not known

MOTHER

8. Full Maiden Name of Mother: Ellen Elizabeth Bankson
9. State or Country of Mother's Birth: Boise Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mabel E. Crosby
11. Present Address of Registrant: 108 E Henry Spokane Wash

NOTARY (Seal)

Subscribed and sworn to before me on: May 21 1964
12. Signature of Notary: Maud L. Miranda
13. Notary Commission expires: 11-2-1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*	Application for social security account number 532-32-0398	Treasury department Internal Revenue Service	---	Oct 23, 1951
	Date of Birth Oct. 29, 1912	**Birth Place** Coeur d'Alene Idaho	**Full Name of Mother** Ellen Elizabeth Bankson	**Name of Father** Herbert McDonald
SUPPORTING RECORD 2. Class	Certified copy of marriage #40598	Spokane County, Washington Frank J. Glover, Auditor	Date Issued: Aug. 25, 1959	Date Orig. Entry: April 8, 1928
	Date of Birth age: 15	**Birth Place** Coeur d'Alene, Idaho	**Full Name of Mother** Ellen Bankson	**Name of Father** Herbert McDonald
SUPPORTING RECORD 3. Class	affidavit regarding school record	Spokane Public Schools Holmes School	Date Issued: Oct, 28, 1955	Date Orig. Entry: Sept. 6, 1920
	Date of Birth age: 7 10/12	**Birth Place** ---	**Full Name of Mother** ---	**Name of Father** ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

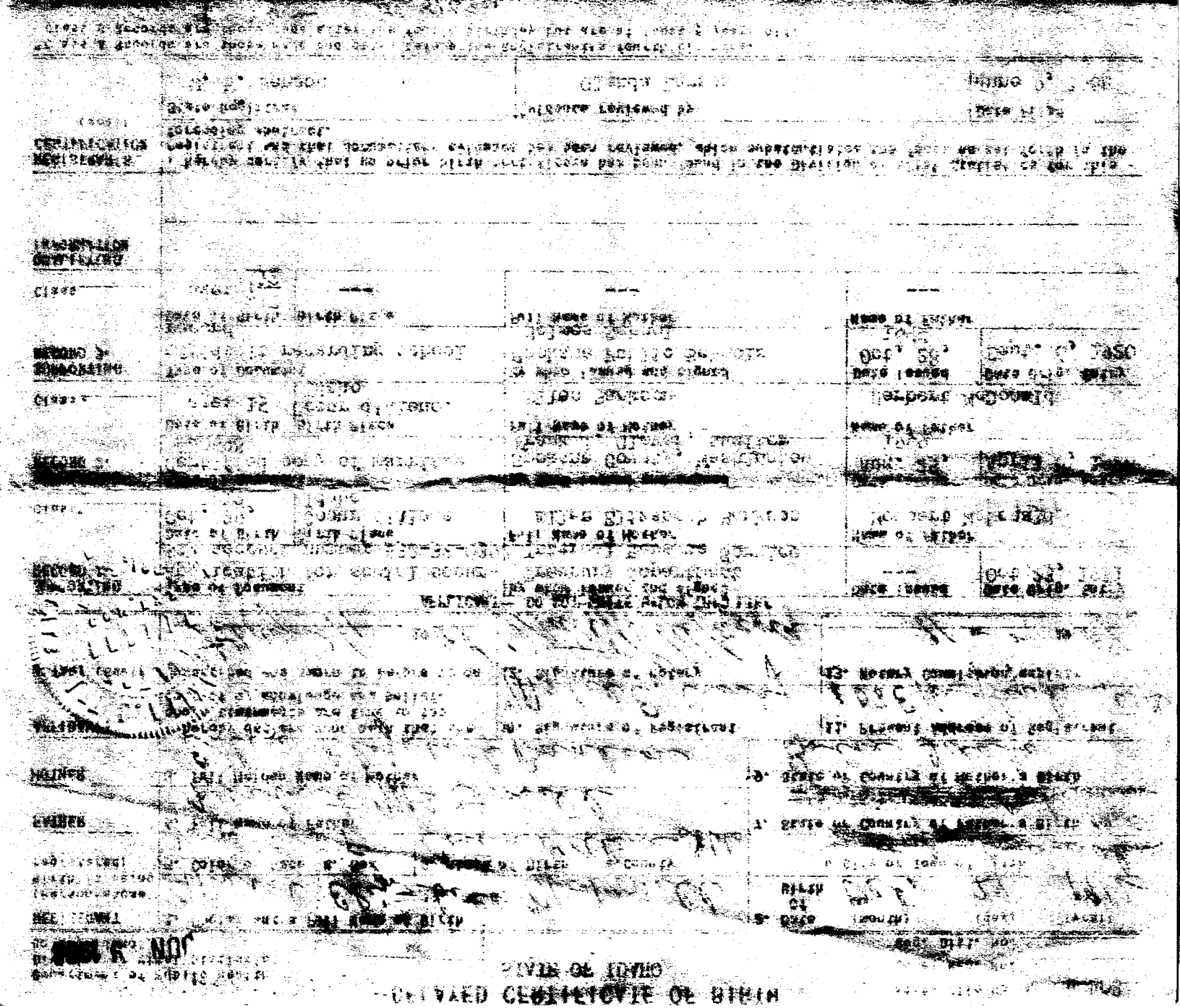
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	June 9, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 4 — # 3162



993-29-016-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-417

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Richardson			2. Date of Birth (month) (day) (year): August 29 1912
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: R.R. Cassia	b. City or Town of Birth: Almo
FATHER	6. Full Name of Father: Thomas Frances Richardson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emma Louise Brackenbury			9. State or Country of Mother's Birth: Almo Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Doland		11. Present Address of Registrant: 6709 N. Vancouver Portland Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: April 4 1964	12. Signature of Notary: Caroline Baldwin		13. Notary Commission expires: Mar 26 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of employment record	By whom issued and signed: Western Lane Hospital	Date Issued: August 1, 1956	Date Orig. Entry
	Date of Birth: Aug. 29, 1912 / Birth Place: Almo, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Emma L. Potts	Date Issued: April 4, 1964	Date Orig. Entry
	Date of Birth: Aug. 29, 1912 / Birth Place: Almo, Idaho	Full Name of Mother: Emma Louise Brackenbury	Name of Father: Thomas Frances Richardson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Bankers Life and Casualty Company	Date Issued: Dec. 15, 1958	Date Orig. Entry: Oct. 24, 1958
	Date of Birth: Aug. 29, 1912 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Glenda M. Larson	June 12, 1964

FORM BH 56067

4-1-64

JUN 12 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

CHILD	1. Registrant's full name of birth	2. Date (month) (day) (year)
(Person whose birth is being registered)	[illegible] Richardson	August 29 1912
	3. Sex	4. Place of birth (Account)
	White	Cassia
	5. Name of father	6. State or Country of Father's birth
FATHER	[illegible] Francis Richardson	Utah
	7. Maiden name of mother	8. State or Country of Mother's birth
MOTHER	[illegible] Louise Brackenbury	Alma Idaho
AFFIDAVIT	9. Being duly sworn upon that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
		Ore. [illegible] N. Vancouver Portland
NOTARY (Seal)	12. Subscribed and sworn to before me on	13. Signature of Notary
		14. Notary Commission expires

APPLICATION OF NOT ABOVE BELOW THIS LINE

SUPPORTING RECORD 1.	Name of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Record	[illegible]		
	[illegible]	[illegible]		
	Aug. 29, 1912 Alma, Idaho			
SUPPORTING RECORD 2.	Name of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible] L. Potts	April [illegible]	
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
	Aug. 29, 1912 Alma, Idaho	Anna Louise Brackenbury	Thomas Francis Richardson	
SUPPORTING RECORD 3.	Name of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible] Life and Casualty Company	Dec. [illegible]	
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
	Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as are forthcoming abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

314206-035-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-446

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADYS ANN LAMB		2. Date of Birth (month) (day) (year): AUGUST 6 1912
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: SOUTHWICK IDAHO-NEZ PERCE; b. City or Town of Birth: SOUTHWICK, IDAHO
FATHER	6. Full Name of Father: CHARLES ALBERT LAMB		7. State or Country of Father's Birth: UNITED STATES
MOTHER	8. Full Maiden Name of Mother: LORA EMMA McCollum		9. State or Country of Mother's Birth: IOWA, UNITED STATES AMERICA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Ann Lamb	11. Present Address of Registrant: 954 LAUFF AVE CRESCENT CITY CALIF
NOTARY (Seal)	Subscribed and sworn to before me on: JUNE 1 1964	12. Signature of Notary: Frances Shova	13. Notary Commission expires: 3/27/1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census record	By whom issued and signed: U.S. Departement of Commerce Bureau of the Census	Date Issued: May 26, 1964	Date Orig. Entry: census of Jan. 1, 1920
	Date of Birth: age:7 / Birth Place: Idaho	Full Name of Mother: Lora E. Robinson	Name of Father: (stapfather John B. Robinson)	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age;62	By whom issued and signed: Bernice Florence Robertson	Date Issued: June 1,1964	Date Orig. Entry: ---
	Date of Birth: August 6 1912 / Birth Place: Southwick, Idaho	Full Name of Mother: Lora Emma McCollum Lamb	Name of Father: Charles Albert Lamb	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Multnomah County, Oregon Vital Statistics	Date Issued: April 29, 1964	Date Orig. Entry: child born Oct 17, 1938
	Date of Birth: age:26 / Birth Place: Southwick, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson	June 23, 1964

FORM BH 56067

JUN 24 1964

199-24-022-666

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-527
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marysville Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marysville
d. STREET ADDRESS (If rural, give location) None

3. CHILD'S NAME (Type or print)
a. (First) Bellie
b. (Middle) Josephine
c. (Last) Airhart

4. SEX Female
5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH (Month) April (Day) 14 (Year) 1912

FATHER OF CHILD

7. FULL NAME a. (First) George Henry b. (Middle) Airhart c. (Last)
8. COLOR OR RACE White
9. AGE (At time of this birth) 45 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town) Hamilton Ohio
11a. USUAL OCCUPATION Farmer
11b. KIND OF BUSINESS OR INDUSTRY Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First) Rhoda b. (Middle) Jane c. (Last) Wood
13. COLOR OR RACE White
14. AGE (At time of this birth) 30 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town) Franklin, Idaho
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 9
b. How many OTHER children were born alive but are now dead? 3
c. How many children were still born (born dead after 20 weeks pregnancy)? None
17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE E. L. Harris
18b. ATTENDANT AT BIRTH M.D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS Ashton Idaho
18d. DATE SIGNED June 23 1964

19. DATE REC'D BY LOCAL REG. July 28, 1964
20. REGISTRAR'S SIGNATURE W. W. Benson
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS
22b. WEIGHT AT BIRTH LBS. OZS.
23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]
Approximate date

Name prophylactic used to prevent Ophthalmia Neonatorum DELAYED

Form DPH-48001

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State of Idaho)
) SS
County of Fremont)

LOCAL REGISTRATION OF BIRTHS

JUL 28 1964

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the [illegible] of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the [illegible] to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed same. Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

On this 28th day of June 1964, before me James Harrell, a notary public in and for said State of Idaho, personally appeared to me, [illegible] known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed same.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

In Witness Whereof, I have hereunto set my hand and affixed my seal the day and year in this certificate first above written.

Sec. 38-223. * * * * any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

James Harrell
Notary Public
Residing at Ashton, Idaho

(a) Pregnancy: Complication .....

.....

.....

(b) Labor: Complication .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(e) Signature of Physician:

.....

849-212-037-127

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-528

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: AMPARO (PEARL) QUINTANA
2. Date of Birth (month) (day) (year): NOV 12 1912
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: SILVER CITY OWYHEE
b. City or Town of Birth: SILVER CITY, IDAHO

FATHER

6. Full Name of Father: EMETERIO QUINTANA
7. State or Country of Father's Birth: SPAIN

MOTHER

8. Full Maiden Name of Mother: SABINA ASPIRI
9. State or Country of Mother's Birth: SPAIN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Amparo Pearl Quintana
11. Present Address of Registrant: MARSING, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: May 22 1964
12. Signature of Notary: Lona L. Lawes
13. Notary Commission expires: Sept. 10 1964

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Emeterio Quintana	Date Issued: May 19, 1964	Date Orig. Entry: ---
	Date of Birth: Nov. 12, 1912 / Birth Place: Silver City, Idaho Owyhee County	Full Name of Mother: Sabina Aspiri	Name of Father: Emeterio Quintana	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #246409	Date Issued: ---	Date Orig. Entry: child born July 16, 1936
	Date of Birth: Age: 23 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #44367-Y	By whom issued and signed: Gem State Mutual Life Association, Pocatello, Idaho	Date Issued: Nov. 14, 1946	Date Orig. Entry: Nov. 8, 1946
	Date of Birth: Nov. 12, 1912 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson	July 30, 1964

FORM BH 56067

JUL 30 1964

DEC 05 2006

715-105-037-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-529

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM PANZERI		2. Date Of Birth (month) JAN. (day) 5 (year) 1912
	3. Color or Race: W	4. Sex: M	5. Place of Birth: a. County RESIDENCE OWYHEE; b. City or Town of Birth SILVER CITY, IDAHO
FATHER	6. Full Name of Father: ERNEST PANZERI		7. State or Country of Father's Birth: ITALY
MOTHER	8. Full Maiden Name of Mother: MARIA GENERA		9. State or Country of Mother's Birth: ITALY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Panzeri	11. Present Address of Registrant: MARSING, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: May 22 1964	12. Signature of Notary: Leona S. Shaves	13. Notary Commission expires: Sept 10 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Catholic Church, Silver City, Idaho	Date issued: June 12, 1964	Date Orig. Entry: baptized July 31, 1912
	Date of Birth: Jan. 5, 1912	Birth Place: Silver City, Idaho	Full Name of Mother: Marie Janneri	Name of Father: Ernest Panzeri
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth (age over 80 yrs.)	By whom issued and signed: Emeterio Quintana	Date issued: May 19, 1964	Date Orig. Entry: ---
	Date of Birth: Jan. 5, 1912	Birth Place: Silver City, Idaho Owyhee County	Full Name of Mother: Maria Genera	Name of Father: Ernest Panzeri
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital records	By whom issued and signed: Caldwell Memorial Hospital Sharon Blaser, Med. Rec. Dept.	Date issued: May 22, 1964	Date Orig. Entry: Nov. 19, 1953
	Date of Birth: Jan. 5, 1912	Birth Place: Silver City, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson	July 30, 1964

FORM BH 56067

Panera

JUL 30 1984

DEC 05 2006

27893-209-044-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-627

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JEANE ERNESTINE HILTIBIDDLE			2. Date of Birth (month) November (day) 9 (year) 1912
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: washington	b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: HERBERT WILLARD HILTIBIDDLE			7. State or Country of Father's Birth: Georgetown, Colorado, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Sadie Inez Breedlove			9. State or Country of Mother's Birth: Indian Territory, Oklahoma
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jeane Ernestine Hiltibiddle (now by Marriage) Jeane H. Moore		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on July 24 1964	12. Signature of Notary: Frances Hickey		13. Notary Commission expires 8/26 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Parents (Age 84 / 76)	By whom issued and signed: Herbert Willard Hiltibiddle, Sadie Inez Hiltibiddle	Date Issued: July 13 1964	Date Orig. Entry: -------
	Date of Birth: Nov. 9 1912 / Birth Place: Cambridge, Idaho	Full Name of Mother: Sadie Inez Breedlove	Name of Father: Herbert Willard Hiltibiddle	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: F. T. Roberts, Minister Christian Church	Date Issued: ------	Date Orig. Entry: Baptised August 19, 1956
	Date of Birth: Nov. 9 1912 / Birth Place: Cambridge	Full Name of Mother: ---------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: Obviously Old
	Date of Birth: Nov. 9 1912 / Birth Place: Cambridge, Idaho	Full Name of Mother: Breedlove Sadie Inez Hiltibiddle	Name of Father: Herbert Willard Hiltibiddle	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florance Curtright	Date Filed: Sept. 15, 1964

FORM BH 56067

SEP 15 1964

[illegible] HILTIBIDDLE November 9 1912

White female washington Cambridge

HERBERT WILLARD HILTIBIDDLE Georgetown, Colorado, U.S.A.

[illegible] Breedlove Indian Territory, Oklahoma

[illegible]

[illegible] Age 24 Herbert Willard Hiltibiddle July 13 1964

Affidavit by Parents [illegible] Sadie Inez Hiltibiddle

[illegible] Cambridge Idaho Sadie Inez Breedlove Herbert Willard

Certificate of Baptism F. [illegible] Roberts, Minister Christian Church ------ Baptized August 14, 1958

Nov. 9

1912 Cambridge ---------

Bible Record Family Bible ---- Obviously Old

Nov. 9 Breedlove

1912 Cambridge, Idaho Sadie Inez Hiltibiddle Herbert Willard Hiltibiddle

[illegible] Sept. 15, 1964

[illegible] Florence Curtright

335-218-010-468

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-694

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iris Marie Cleaveland			2. Date Of Birth (month) Feb. (day) 18 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Falls Bonneville	b. City or Town of Birth: Idaho Falls, Idaho	
FATHER	6. Full Name of Father: Tedy J. Cleaveland			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Ethel Doyle			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iris Marie Cleaveland		11. Present Address of Registrant: 3915 Southern Seattle Wash.	
NOTARY (seal)	Subscribed and sworn to before me on: September 24, 1964	12. Signature of Notary: Ethel Neara		13. Notary Commission expires: April 10, 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle who lived near at time of birth Age 80	By whom issued and signed: David A. Bender		Date Issued: July 11, 1964	Date Orig. Entry: ----
	Date of Birth: Feb. 18, 1912	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Ethel Doyle Cleaveland	Name of Father: Tedy J. Cleaveland	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #213838		Date Issued: ----	Date Orig. Entry: child born July 12, 1933
	Date of Birth: Age 21	Birth Place: Idaho Falls,	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license affidavit	By whom issued and signed: Bonneville, County, Idaho Wallace Hanson, Clerk		Date Issued: July 20, 1964	Date Orig. Entry: April 17, 1931
	Date of Birth: Age 19	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Oct. 14, 1964

FORM BH 56067

OCT 14 1964

219-12-7022-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-696

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: David Henry Barnett
2. Date of Birth: (month) October (day) 27 (year) 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Ashton

FATHER

6. Full Name of Father: Fred Barnett
7. State or Country of Father's Birth: Iowa Iowa b. Nevada

MOTHER

8. Full Maiden Name of Mother: Etta High
9. State or Country of Mother's Birth: Idaho Jacksonville Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: David Henry Barnett
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on July 30 1964
12. Signature of Notary: Howard E. Splane
13. Notary Commission expires: MY COMMISSION EXPIRES MAY 18, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by aunt; age: 75	Mary A. Burnside	July 29, 1963	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct. 27, 1912 / Ashton, Idaho	Etta High Barnett	Fred Barnett	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #519-12-5666	By whom issued and signed: Treasury Department	Date Issued: ---	Date Orig. Entry: Sept. 6, 1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct. 27, 1912 / Ashton, Idaho	Etta High	Fred Barnett	
SUPPORTING RECORD 3.	Type of Document: Certified copy of record of marriage	By whom issued and signed: Multnomah County, Oregon Vital Statistics Section	Date Issued: Sept. 23, 1964	Date Orig. Entry: Aug. 7, 1954
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct. 27, 1912 / Ashton, Idaho	Etta High	Fred Barnett	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Glenda Larson	Oct. 15, 1964

FORM BH 56067

OCT 16 1964

JUN 10 1974

617-214-003-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-708

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ada Wager			2. Date of Birth (month) Sept. (day) 14 (year) 1912	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: a. County Bannock	b. City or Town of Birth: Turner, Idaho	
FATHER	6. Full Name of Father: Samuel George Wager			7. State or Country of Father's Birth: Logan, Cache, Utah	
MOTHER	8. Full Maiden Name of Mother: Charlotte Knight			9. State or Country of Mother's Birth: Plain City, Weber, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ada Wager Kent	11. Present Address of Registrant: Lewiston Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 14 1964		12. Signature of Notary: Carol P. Hendricks	13. Notary Commission expires: Aug. 7 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photostat of application to insurance company		By whom issued and signed: Combined Insurance Company of America	Date Issued: ---	Date Orig. Entry: Feb. 17, 1959
	Date of Birth: Sept. 14, 1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for license to marry		By whom issued and signed: Cache County, Utah, Iver L. Larsen, Clerk	Date Issued: Oct. 14, 1964	Date Orig. Entry: Nov. 16, 1929
	Date of Birth: Sept. 14, 1912	Birth Place: Turner, Idaho	Full Name of Mother: Charlotte Knight Petersen	Name of Father: Samuel Geo. Wager	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Grace Ward, Fred Greenwood, Clerk	Date Issued: July 6, 1921	Date Orig. Entry: baptized July 2, 1921
	Date of Birth: Sept. 14, 1912	Birth Place: Turner, Bannock County, Idaho	Full Name of Mother: Charlotte Knight	Name of Father: S. George Wager	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Oct. 21, 1964

FORM BH 56067

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485704-002-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-766

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROSCOE WAYNE MYERS			2. Date Of Birth (month) (day) (year): February 4, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Adams	b. City or Town of Birth: Goodrich
FATHER	6. Full Name of Father: FRANCIS MARION MYERS			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: LUCINDA MAY JOHNSON			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roscoe Wayne Myers		11. Present Address of Registrant: Goldendale, Avenue Toppenish, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: October 21, 1964	12. Signature of Notary: Joseph C. Humphrey		13. Notary Commission expires: July 10, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother b.d. Aug. 5, 1886	By whom issued and signed: Lonnie O. Myers		Date Issued: Oct. 20, 1964	Date Orig. Entry: ----
	Date of Birth: Feb. 4, 1912 / Birth Place: Goodrich, Adams County, Idaho	Full Name of Mother: Lucinda May Johnson Myers		Name of Father: Francis Marion Myers	
SUPPORTING RECORD 2.	Type of Document: Statement from Dept. of Licenses, re. drivers license	By whom issued and signed: Mrs. B.J. Zink, Mngr. Drivers drivers license Div.		Date Issued: Sept. 1, 1964	Date Orig. Entry: Feb. 3, 1945
	Date of Birth: Feb. 4, 1912 / Birth Place: ----	Full Name of Mother: -----		Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Lodge record Toppenish, Wash.	By whom issued and signed: Fraternal Order of Eagles Toppenish Aerie No. 2229		Date Issued: Nov. 12, 1964	Date Orig. Entry: Feb. 21, 1944
	Date of Birth: Feb. 4, 1912 / Birth Place: Goodrich, Idaho	Full Name of Mother: ----		Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Gml Glenda Larson	Date Filed: Nov. 23, 1964

FORM BH 56067

26

NOV 23 1964

Murphy, Atty.

515-22-003-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-778

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iva Jean Van Leuven			2. Date of Birth (month) July (day) 12, (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Downey a. County: Bannock	b. City or Town of Birth: Downey	
FATHER	6. Full Name of Father: A. L. Van Leuven			7. State or Country of Father's Birth: Springville Utah Co Utah	
MOTHER	8. Full Maiden Name of Mother: Ida Estella Jackson			9. State or Country of Mother's Birth: Beaver City Beaver County Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iva Jean Smyer		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on 11-6 1964	12. Signature of Notary: John D. Foltz		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES NOV. 4, 1967	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Record	By whom issued and signed: Baker County Rural School Dist., Baker, Oregon		Date Issued: June 23 1964	Date Orig. Entry: Census taken November 1924
	Date of Birth: age 12	Birth Place: --	Full Name of Mother: Ida Van Leuven	Name of Father: A. L. Van Leuven	
SUPPORTING RECORD 2.	Type of Document: Statement regarding Hospital record	By whom issued and signed: St. Elizabeth Hospital Baker, Oregon		Date Issued: June 28 1964	Date Orig. Entry: April 1, 1952
	Date of Birth: July 12, 1912	Birth Place: Downey, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: #362-509-M-1 Statement regarding insurance policy	By whom issued and signed: Metropolitan Life Ins. Co. San Francisco, California		Date Issued: May 13 1964	Date Orig. Entry: March 1, 1940
	Date of Birth: July 12, 1912	Birth Place: Downey, Idaho	Full Name of Mother: Ida Estella Jackson	Name of Father: Andrew Lewis Van Leuven	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Joyce B. Foltz	Date Filed: Nov 25, 1964

FORM BH 56067

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Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-792
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verla Roberts			2. Date of Birth (month) (day) (year): June 24 1912
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Sugar City, Madison	b. City or Town of Birth: Sugar City
FATHER	6. Full Name of Father: HORACE ENSIGN ROBERTS			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: MARTHA Louise (Louie) Jensen			9. State or Country of Mother's Birth: UTAh
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Verla Roberts Cook	11. Present Address of Registrant: Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: ~~June 17~~ Nov 6 1964		12. Signature of Notary: Maxine Nave	13. Notary Commission expires: Jan. 17 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Martha Louise (Louie) Jensen Roberts	Date Issued: Nov.6,1964	Date Orig. Entry: -------
Class*_____	Date of Birth: June 24, 1912	Birth Place: Sugar City, Idaho	Full Name of Mother: Martha Louise (Louie) Jensen Roberts	Name of Father: Horace Ensign Roberts	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Sugar Ward, Fremont Stake #431	Date Issued: ----	Date Orig. Entry: blessed Aug. 4, 1912
Class_____	Date of Birth: June 24,1912	Birth Place: Sugar, Madison County, Idaho	Full Name of Mother: Louie Jensen	Name of Father: Horace E. Roberts	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #50-13889	Date Issued: -----	Date Orig. Entry: child born Nov. 26, 1950
Class_____	Date of Birth: Age 38	Birth Place: Sugar City	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 2, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC. 2 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Sex / 5. Place of Birth (County) / 6. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	12. Signature of Notary	13. Notary Commission expires

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A	Type of Document: Affidavit by Mother	By whom issued and signed: Maxine Louise (Louise) Jensen Roberts	Date Issued: Nov. [illegible], 1964	Date Filed: ----
Class	Date of Birth: June 21, 1910	Birth Place: Burns City, Idaho	Full Name of Mother: Maxine Louise (Louise) Jensen Roberts	Name of Father: [illegible]
SUPPORTING RECORD B	Type of Document: Certificate of Pleasing	By whom issued and signed: [illegible] Church, Sugar Ward, Fremont State, Idaho	Date Issued: ----	Date Orig. Entry: [illegible]
Class	Date of Birth: June 21, 1910	Birth Place: Sugar, Fremont County, Idaho	Full Name of Mother: Louise Jensen	Name of Father: Horace [illegible]
SUPPORTING RECORD C	Type of Document: [illegible] birth certificate	By whom issued and signed: [illegible] Idaho [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
Class	Date of Birth: [illegible]	Birth Place: Sugar City	Full Name of Mother: ----	Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

[illegible]

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

25-207.042-523

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-796

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Christina Ann Beaton		2. Date Of Birth (month) (day) (year): April 7, 1912
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Neil Beaton		7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Blanche Mae Estes		9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Christina Ann Beaton Rowe	11. Present Address of Registrant: Rogerson, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 27 1964	12. Signature of Notary: Edward H. Hoop	13. Notary Commission expires: December 7 1967

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 74	By whom issued and signed: Mary Helen Clark	Date Issued: Nov. 27, 1964	Date Orig. Entry: --------
	Date of Birth: April 7 1912	Birth Place: Twin Falls	Full Name of Mother: Blanche Mae Estes	Name of Father: Neil Beaton
SUPPORTING RECORD 2.	Type of Document: Magic Valley Memorial Hospital Notorized statement	By whom issued and signed: Mrs. Wilma Keyser Medical Record Dept.	Date Issued: Nov. 25, 1964	Date Orig. Entry: Entered Hospital April 6,1955
	Date of Birth: April 7 1912	Birth Place: Twin Falls	Full Name of Mother: Blanche Mae Estes	Name of Father: Neil Beaton
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file with state of Idaho # 55-5086	Date Issued: -------	Date Orig. Entry: child born April 7, 1955
	Date of Birth: Age 43	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

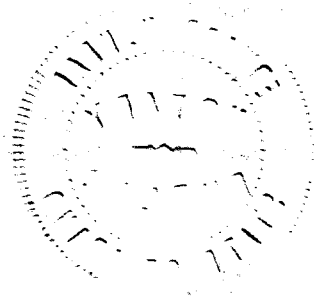
State Registrar	Evidence reviewed by	Date Filed
W. W Benson	Florence Curtright	Dec. 2, 1964

FORM BH 56067

Inquire - no search 11-20-64

DEC 2 1964

Child's cert. # 55-5086



464-107-042-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-816

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Floyd Carl Modrell
2. Date of Birth: (month) May (day) 7 (year) 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Twin Falls, Ida
   b. City or Town of Birth: Twin Falls, Idaho

FATHER

6. Full Name of Father: Luther Anthony Modrell
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Emma Bell Hansing
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Floyd Carl Modrell
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on Nov. 23 19 64

12. Signature of Notary: Helen G Palmer
13. Notary Commission expires: Oct. 26 19 67

HELEN G. PALMER
Notary Public
Humboldt County
California
My commission expires Oct. 26, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of medical report	By whom issued and signed: examination for military discharge	Date Issued: ----	Date Orig. Entry: November 27, 1945	
	Date of Birth: May 7, 1912	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Request for education or training application	By whom issued and signed: Military record	Date Issued: Dec. 11, 1947	Date Orig. Entry: Dec. 11, 1947	
	Date of Birth: May 7, 1912	Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at birth Age 65	By whom issued and signed: LeRoy Richard Modrell	Date Issued: Dec. 4, 1964	Date Orig. Entry: -----	
	Date of Birth: May 7, 1912	Birth Place: Twin Falls, Idaho	Full Name of Mother: Emma Bell Hansing	Name of Father: Luther Anthony Modrell	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 15, 1964

FORM BH 56067

3 cpys pd. rec # 7149

DEC 15 1964

Modrell

819-229-042-913

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-820

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edith Rebecca Harrison
2. Date Of Birth (month) (day) (year): September 29 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Twin Falls
b. City or Town of Birth: Twin Falls, Idaho

FATHER

6. Full Name of Father: John Alexander Harrison
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: Susan Rebecca Ratcliff
9. State or Country of Mother's Birth: CRAWFORD COUNTY, KANSAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edith R. Alexander
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on December 1 1964

12. Signature of Notary: R C Byrne

13. Notary Commission expires: 6/19 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by father
By whom issued and signed: J. A. Harrison
Date Issued: April 16, 1964
Date Orig. Entry: ----
Date of Birth: Sept. 29, 1912
Birth Place: Twin Falls County
Full Name of Mother: Susan Rebecca Harrison
Name of Father: John Alexander Harrison

SUPPORTING RECORD 2.

Type of Document: Insurance Policy #4-12-10-15151
By whom issued and signed: Idaho Mutual Benefit Association, Boise, Idaho
Date Issued: Dec.9,1952
Date Orig. Entry: ----
Date of Birth: Sept. 29, 1912
Birth Place: Twin Falls, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: hospital certificate of own child's birth
By whom issued and signed: Twin Falls County General Hospital, Twin Falls, Idaho
Date Issued: ----
Date Orig. Entry: child born April 8, 1947
Date of Birth: Sept. 29, 1912
Birth Place: Twin Falls, Idaho
Full Name of Mother: ----
Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barron
Evidence reviewed by: gml Glenda Larson
Date Filed: Dec. 17, 1964

FORM BH 56067

DEC 17 1964

DECEASED

343-219-014-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-019
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorotha Rose Cullen		2. Date of Birth (month) (day) (year): August 19 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Greenleaf
FATHER	6. Full Name of Father: George Marion Cullen		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Susy May Berry		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorotha Rose Luccolini	11. Present Address of Registrant: Griffin Road, Grandview Washington
NOTARY (Seal)	Subscribed and sworn to before me on: March 10, 1964	12. Signature of Notary: Donald D. Lord	13. Notary Commission expires: June 10, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Susie M. Cullen	Date Issued: Aug.6,1964	Date Orig. Entry: -----
Class*_____	Date of Birth: August 19, 1912	Birth Place: Greenleaf, Canyon County, Idaho	Full Name of Mother: Susie M. Cullen	Name of Father: George M. Cullen	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Dec.17,1964	Date Orig. Entry: Jan. 1, 1920
Class_____	Date of Birth: Age 7	Birth Place: Idaho	Full Name of Mother: Susie M. Cullen	Name of Father: George M. Cullen	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #59418		By whom issued and signed: Vital Statistics, State of Washington	Date Issued: Jan.5,1965	Date Orig. Entry: child born Dec.13,1951
Class_____	Date of Birth: Age 39	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Jan.12, 1965

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 NM

JAN 12 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SELF-IDENT.	1. Registrant's Full Name at Birth: Dorothea Rose Cullen	2. Date of Birth: August 19, 1912	
	3. Color or Race: White Female	4. Place of Birth: Canyon	5. County or Town of Birth: Greenleaf
FATHER	6. Full Name of Father: George Marion Cullen	7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Susy May Berry	9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Griffin Road, Grandview, Washington
NOTARY (Seal)	Subscribed and sworn to before me on March 10, 1964	12. Signature of Notary	13. Notary Commission expires June 10, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	By whom issued and signed: Susie M. Cullen	Date Issued: Jan. 6, 1964	Date Orig. Entry: —
		Full Name of Mother: Susie M. Cullen		
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

RELIGIOUS & CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following statement.

State Registrar | Evidence reviewed by | Filed

555-230-042-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-102

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLORENCE NORA NEELY		2. Date Of Birth (month) (day) (year): OCTOBER 30, 1912
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: TWIN FALLS — b. City or Town of Birth: TWIN FALLS, IDAHO (RURAL)
FATHER	6. Full Name of Father: ROBERT JASPER NEELY		7. State or Country of Father's Birth: WISCONSIN
MOTHER	8. Full Maiden Name of Mother: ANNA ELIZABETH SCOTT		9. State or Country of Mother's Birth: INDIANA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Neely	11. Present Address of Registrant: 4840 - 46TH SW SEATTLE, WASH. 98116
NOTARY (Seal)	Subscribed and sworn to before me on: January 11 1965	12. Signature of Notary: [illegible]	13. Notary Commission expires: Jan 19 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Yakima County Supt. of Schools Yakima Wash.	Date Issued: Feb. 19, 1958	Date Orig. Entry: 1919 school census record
	Date of Birth: Oct.30,1912 / Birth Place: -----	Full Name of Mother: -----	Name of Father: Robert Neely	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church, St. Joseph, Yakima Washington	Date Issued: May 7,1958	Date Orig. Entry: baptized Feb. 17, 1933
	Date of Birth: Oct. 30,1912 / Birth Place: -----	Full Name of Mother: Anna Scott	Name of Father: Robert Neely	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (ten years older)	By whom issued and signed: Ruth Neely Magner	Date Issued: Nov.9,1964	Date Orig. Entry: -----
	Date of Birth: Oct.30,1912 / Birth Place: Twin Falls,Idaho	Full Name of Mother: Anna Elizabeth Scott Neely	Name of Father: Robert J. Neely	

QUALIFYING INFORMATION

Statement by St. Elizabeth Hospital, Yakima Washington, issued Jan. 18, 1965 gives Oct.30,1912 as date of birth, place of birth Idaho parent's names Robert Neely mother Anna Scott. patient in hospital July 19, 1945.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Feb. 8, 1965

FORM BH 56067

FEB 9 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of Person as Given at Birth	2. Date of Birth (month, day, year)
3. Place of Birth (city or town, county, state)	4. Sex
5. Name of Father	6. Birthplace of Father (State or Foreign Country)
7. Maiden Name of Mother	8. Birthplace of Mother (State or Foreign Country)
9. Name and Address of Informant	10. Relationship of Informant
11. I hereby certify that the above is true and correct to the best of my knowledge and belief	12. Signature of Informant
13. Delayed Certificate Ordered by	14. Address of Informant
15. Name and Address of Person Making Delayed Certificate	16. Date Signed
17. Evidence Submitted with Application (Specify Documentary Evidence, Affidavits or Records)	
18. Date Filed	19. Registrar

FOR DEPARTMENT USE ONLY

Date of Birth: Birth Place	Date Issued
Type of Document	Date Issued and Signed
Name at Birth	Name at Issue
Name at Issue	Name at Issue
Name at Issue	Name at Issue
Name at Issue

113-27 031-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-134

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANDREW IgnaTius Jacobs			2. Date of Birth (month) June (day) 27 (year) 1912	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Nez Perce Lewis	b. City or Town of Birth: Nez Perce Idaho	
FATHER	6. Full Name of Father: Thomas F Jacobs			7. State or Country of Father's Birth: MINNISOTA	
MOTHER	8. Full Maiden Name of Mother: Mary WinTeR			9. State or Country of Mother's Birth: MinnisoTA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Andrew Ignatius Jacobs		11. Present Address of Registrant: 2105 Ridgeway	
NOTARY (Seal)	Subscribed and sworn to before me on: FEB. 8, 1965	12. Signature of Notary: Stanley Barlow		13. Notary Commission expires: 6-1 1967	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #1634056	By whom issued and signed: Sun Life Assuance Company of Canada		Date Issued: Dec.17,1940	Date Orig. Entry: Nov.26,1940
	Date of Birth: June 27, 1912	Birth Place: Nezperce, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-5702		Date Issued: ------	Date Orig. Entry: child born May 28, 1948
	Date of Birth: Age 35	Birth Place: Nezperce, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (14 years older than registrant)	By whom issued and signed: Beth A. Gerding		Date Issued: Feb.8,1965	Date Orig. Entry: ------
	Date of Birth: June 27, 1912	Birth Place: Nezperce, Idaho	Full Name of Mother: Mary Winter	Name of Father: Thomas F. Jacobs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Feb. 26, 1965

FORM BH 56067

296-274-002-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-162

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leona May Brooks			2. Date of Birth (month) October (day) 14 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Adams	b. City or Town of Birth: Council, Idaho
FATHER	6. Full Name of Father: Fred E. Brooks			7. State or Country of Father's Birth: New York State
MOTHER	8. Full Maiden Name of Mother: Lydia Lois McGuire			9. State or Country of Mother's Birth: Webster Co. Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona Lockan		11. Present Address of Registrant: 559 Crestview
NOTARY (Seal)	Subscribed and sworn to before me on: February 15 1965	12. Signature of Notary: Eleanor L'Orman		13. Notary Commission expires: July 4 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #573-28-3052	By whom issued and signed: Treasury Department formSS-5	Date Issued: ----	Date Orig. Entry: Sept. 16, 1942	
	Date of Birth: Oct. 14, 1912	Birth Place: Council, Idaho	Full Name of Mother: Lydia Lois McGuire	Name of Father: Fred E. Brooks	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible, M.A.Miller, notary and attorney	Date Issued: Sept. 13, 1961	Date Orig. Entry: obviously old	
	Date of Birth: Oct. 14, 1912	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: New York Life Insurance Co.	Date Issued: ------	Date Orig. Entry: July 6, 1949	
	Date of Birth: Oct. 14, 1912	Birth Place: Council, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 9, 1965

FORM BH 56067

(2)

MAR 9 1965

551-214-006-999

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-202

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Marie Neal		2. Date of Birth (month) Nov. (day) 14 (year) 1912
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Blackfoot Home - Bingham; b. City or Town of Birth: Blackfoot Idaho
FATHER	6. Full Name of Father: Fred Roy Neal		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Emma Inskeep		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Marie Neal Pena	11. Present Address of Registrant: Mackay, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 29 1964	12. Signature of Notary: V. J. Rainey	13. Notary Commission expires: July 13 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #256653	Date Issued: ---	Date Orig. Entry: child born July 21, 1937
	Date of Birth: Age 24 / Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: copy of Certificate of Baptism	By whom issued and signed: Community Methodist Church, Mackay, Idaho Rev. Wm. Gang	Date Issued: Mar.11,1964	Date Orig. Entry: baptized Feb.19,1956
	Date of Birth: Nov.14,1912 / Birth Place: ----	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle	By whom issued and signed: J. A. Neal Age 63	Date Issued: Oct.19,1964	Date Orig. Entry: -----
	Date of Birth: Nov.14,1912 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Emma Inskeep	Name of Father: Fred Roy Neal	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: March 30, 1965

FORM BH 56067

MAR 30 1965

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843-202 1030-636

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-223

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hope Rosanna Hull			2. Date Of Birth: (month) August (day) 2 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Northfork, Ida. a. County: Lemhi	b. City or Town of Birth: Northfork, Idaho
FATHER	6. Full Name of Father: Charles Hull			7. State or Country of Father's Birth: Corvallis, Montana
MOTHER	8. Full Maiden Name of Mother: Olive Caroline Flood Hull			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hope Lloyd		11. Present Address of Registrant: 226 W. Morse St Dillon, Mont
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 19 65	12. Signature of Notary: Eleanor Stephens		13. Notary Commission expires: September 23 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding employment records		By whom issued and signed: State Bank & Trust Company Dillon, Montana	Date Issued: March 23, 1965	Date Orig. Entry: May 1, 1953
	Date of Birth: August 2, 1912	Birth Place: Northfork, Lemhi County, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Statement of school census records		By whom issued and signed: Lemhi County Auditor, Eleanor Aldous(school dist #28)	Date Issued: March 19, 1965	Date Orig. Entry: Sept.26,1922
	Date of Birth: Age 10	Birth Place: ----	Full Name of Mother: -----	Name of Father: Charles Hull	
SUPPORTING RECORD 3.	Type of Document: Marriage License (Certified) State of Montana		By whom issued and signed: Matt Carey, Clerk Dist.Ct. Robert E. Gohn, Just of P.	Date Issued: March 30 1965	Date Orig. Entry: Married Sept. 3,1932
	Date of Birth: Age 20	Birth Place: North Fork,Ida.	Full Name of Mother: Olive Flood	Name of Father: Charles Hull	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Florence Curtright	Date Filed: April 2, 1965

FORM BH 56067

25

Hull

APR - 2 1965

NOV 17 1967

Hull	Bessie Northfork, Ida.	Northfork, Idaho
Charles Hull		Corvallis, Montana
Olive Caroline Flood Hull		Iona
		Dillon, Mont.
March 23		September 23
		Conway, Idaho
		Mt. Carey, Clerk Dist. Ct. Robert E. Coon, Just of P.
		March 30 Married Sept. 3, 1932
		Olive Flood
		Charles Hull

235-228-029-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-300

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Gracymae Steensma		2. Date of Birth (month) May (day) 28 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Juliaetta, Idaho
FATHER	6. Full Name of Father: Peter J. Steensma		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Virgie Mary Neel		9. State or Country of Mother's Birth: West Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Steensma Gracymae Steensmann	11. Present Address of Registrant: Moscow, Idaho 83843 613 N. Jefferson St.	
NOTARY (Seal)	Subscribed and sworn to before me on April 26th 1965	12. Signature of Notary	13. Notary Commission expires 8/27/ 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Sept. 27, 1963	Date Orig. Entry: Jan. 1, 1920	
	Date of Birth: Age 7	Birth Place: Idaho	Full Name of Mother: Virgial Steensma	Name of Father: Peter Steensma	
SUPPORTING RECORD 2.	Type of Document: certified copy of Marriage License Affidavit	By whom issued and signed: Latah County, Idaho M.K. Cline Clerk	Date Issued: Feb.26,1964	Date Orig. Entry: Nov.28,1928	
	Date of Birth: Age 16	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Peter J. Steensma	Date Issued: March 3, 1965	Date Orig. Entry: -----	
	Date of Birth: May 28,1912	Birth Place: Juliaetta, Idaho Latah County	Full Name of Mother: Virgie Mary Neel	Name of Father: Peter J. Steensma	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

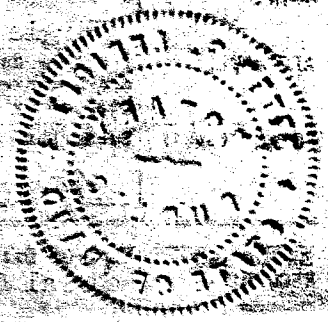
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	May 7, 1965

FORM BH 56067

MAY 7 1965

Lenoir, Okla.



DELAYED

DUP OF 1912-6668

168-218-001 ~~168~~ 45-1

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-471

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Blanche Ordell Johnson
2. Date of Birth (month) Feb. (day) 18 (year) 1912
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Boise Idaho
b. City or Town of Birth: Boise Idaho

FATHER

6. Full Name of Father: John Melvin Johnson
7. State or Country of Father's Birth: Penn.

MOTHER

8. Full Maiden Name of Mother: Daisy Dean Johnson
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Blanche O. McElrath
11. Present Address of Registrant: S. 3727 Browne

NOTARY (Seal)

Subscribed and sworn to before me on: June 3 1965

12. Signature of Notary:
13. Notary Commission expires: 7-23 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister Age 62	Josie Levine Stephenson	May 17,1965	------
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.18,1912 / Boise, Idaho	Daisy Dean Johnson	John Melvin Johnson	
SUPPORTING RECORD 2.	Certificate of Baptism	St. Mark's Episcopal Church Hood River, Oregon	July 18,1958	baptized July 18, 1958
	Feb.18,1912 / Boise, Idaho	Daisy Senter	John Melvin Johnson	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #207088	------	child born Oct.18, 1932
	Age 20 / Boise, Idaho	------	------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 21, 1965

FORM BH 56067

JUL 21 1965

McElroth

PUBLIC NOTARY

449-226-016-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-492

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Durfee, Aileen		2. Date of Birth (month) (day) (year): Oct. 26 1912
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Almo
FATHER	6. Full Name of Father: Lorenzo Durfee		7. State or Country of Father's Birth: ~~Idaho~~ Utah
MOTHER	8. Full Maiden Name of Mother: Anna Abby Bruesch		9. State or Country of Mother's Birth: New Mexico
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Aileen D. Jensen	11. Present Address of Registrant: 905 E Hemlock Othello, Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: 28th - July 1964	12. Signature of Notary: James P. Bleibey	13. Notary Commission expires: Sept. 18 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Anna A. Durfee	Date Issued: July 28, 1964	Date Orig. Entry: ----
	Date of Birth: Oct. 26, 1912 / Birth Place: Almo, Idaho	Full Name of Mother: Anna Abby Bruesch Durfee	Name of Father: Lorenzo Durfee	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file with state of Idaho # 243464	Date Issued: ---------	Date Orig. Entry: child born May 20, 1936
	Date of Birth: Age 23 / Birth Place: Almo, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: transcript of college record	By whom issued and signed: Idaho State College, Pocatello Anna Nunn, Registrar	Date Issued: Jan. 4, 1955	Date Orig. Entry: matriculated Sept. 1952
	Date of Birth: Oct. 26, 1912 / Birth Place: Almo, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: gml fc Glenda Larson	Date Filed: July 28, 1965

FORM BH 56067

copy paid rec. # 2026

8-5

JUL 28 1965

Jensen

Own child's birth certificate	on file with state of Idaho	Date issued	Date of birth
	# 243454		child born May 20, 1938
Age 23 Almo, Idaho		Name of Father	
		Date issued	Date Orig. Entry
		Name of Father	

652-101-033-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-497

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Weber		2. Date of Birth (month) (day) (year): February 1st 1912
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Madison; b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Gottlieb Weber		7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Mary Grasmick		9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Weber	11. Present Address of Registrant: RFD #1, Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 25th 19 65	12. Signature of Notary: W B Kennedy	13. Notary Commission expires: February 26 19 66

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Mary Beck (more than 10 yrs. older)	Date Issued: June 24, 1965	Date Orig. Entry: -----
	Date of Birth: Feb.1,1912; Birth Place: Rexburg, Idaho	Full Name of Mother: Mary Grassmick	Name of Father: Gottlieb Weber	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #55-7522	Date Issued: ----	Date Orig. Entry: child born June 30, 1955
	Date of Birth: Age 43; Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #10 408 889	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: Jan.19,1944	Date Orig. Entry: Jan. 19, 1944
	Date of Birth: Feb.1,1912; Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	July 28, 1965

FORM BH 56067

JUL 20 1965

442-218-022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-535

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Duke			2. Date Of Birth (month) November (day) 18 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Wilford
FATHER	6. Full Name of Father: Robert Roy Duke			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Hazel Wilson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Bernice Duke Davis	11. Present Address of Registrant: 1645 N. NAOMI - BURBANK, CALIF.
NOTARY (Seal)	Subscribed and Sworn to before me on 7/26/65 19 — NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY — JANET E. DEAN		12. Signature of Notary: Janet E. Dean	13. Notary Commission expires: My Commission Expires April 11, 1969 19 —

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: Roy E. Lee Los Angeles Co. recorder, California	Date Issued: Sep.21,1960	Date Orig. Entry: child born April 11, 1938
	Date of Birth: Age 25	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Blessing		By whom issued and signed: IDS Church, Burbank Ward, Don B. Nebeker, Clerk	Date Issued: Nov.13,1957	Date Orig. Entry: blessed Jan.11,1913
	Date of Birth: Nov.18,1912	Birth Place: Wilford, Freemont County, Idaho	Full Name of Mother: Hazel Wilson	Name of Father: Robert Roy Duke	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at birth		By whom issued and signed: Robert R. Duke Age 78	Date Issued: May 27,1965	Date Orig. Entry: -----
	Date of Birth: Nov.18,1912	Birth Place: Wiford, Idaho	Full Name of Mother: Hazel W. Duke	Name of Father: Robert R. Duke	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 11, 1965

FORM BH 56067

Davis

AUG 11 1965

265-208-022-265

(Be sure the information is complete and accurate)

State File No. De 65-612

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
SEP 13 1965
Bureau of Vital Statistics

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Marcella b. (Middle) ✓ c. (Last) Bonneau

4. SEX: Female

5a. THIS BIRTH: SINGLE [✓] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): Jan 8 1912

FATHER OF CHILD

7. FULL NAME: a. (First) Christian b. (Middle) Willard c. (Last) Bonneau

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Salina Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Myrtle b. (Middle) Sophia c. (Last) Bonneau

13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Pink Creek Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? None
c. How many children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. L. Langston

18c. ADDRESS: Ashton Idaho

18b. ATTENDANT AT BIRTH: M. D. [✓] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED: Aug 9 1965

19. DATE REC'D BY LOCAL REG.: Sept. 21, 1965

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(*This section MUST be filled out*)

22a. LENGTH OF PREGNANCY WEEKS:

22b. WEIGHT AT BIRTH LBS. OZS.:

23. Was a standard serological test for syphilis performed? YES [ ] NO [✓]

Approximate date:

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum: Silver Nitrate

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-48001

SEP 29 1965

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

133-216-003-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-680

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Constance Doreen Allen		2. Date Of Birth (month) December (day) 16 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Thos. J. Allen		7. State or Country of Father's Birth: FRANKLIN Penn.
MOTHER	8. Full Maiden Name of Mother: Lillian Bertha Johnston		9. State or Country of Mother's Birth: Ogden, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Constance Doreen Allen	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: September 14 1965	12. Signature of Notary: Walter Toop	13. Notary Commission expires: My Commission Expires August 15, 1969 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding School records-Glenhaven School	By whom issued and signed: Portland Public Schools, Ore. Carma Lauderdale, Secretary	Date Issued: Aug.13,1965	Date Orig. Entry: 1926-27	
	Date of Birth: Dec.16,1912	Birth Place: Pocatello, Idaho	Full Name of Mother: Lillian B. Allen	Name of Father: Thos. J. Allen	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Good Samaritan Hospital, Gladys Cox, Med. Rec. Lib.	Date Issued: Aug.6,1965	Date Orig. Entry: Sept.10,1958	
	Date of Birth: Dec.16,1912	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Lillian B. Allen	Date Issued: Sept.14,1965	Date Orig. Entry: -----	
	Date of Birth: Dec.16,1912	Birth Place: Pocatello, Idaho	Full Name of Mother: Lillian B. Allen	Name of Father: Thomas J. Allen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept.28,1965

FORM BH 56067

Davis

SEP 28 1965

253-210-004-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-715

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hortense Beck		2. Date of Birth (month) December (day) 10 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Franklin Samuel Beck		7. State or Country of Father's Birth: Paris - Bear Lake - Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Susan Bunn Hortense Beck Nelson		9. State or Country of Mother's Birth: Liberty - Bear Lake - Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hortense Beck Nelson	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19___	12. Signature of Notary: [signature]	13. Notary Commission expires: 7-17 1967

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record page		By whom issued and signed: Family Records	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Dec.10,1912	Birth Place: -----	Full Name of Mother: Elizabeth S. Beck	Name of Father: Franklin S. Beck	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Blessing		By whom issued and signed: LDS Church, Provo 10th Ward Otis C. Fleming, Clerk	Date Issued: July 7,1965	Date Orig. Entry: blessed March 3, 1913
	Date of Birth: Dec.10,1912	Birth Place: Paris, Bear Lake County, Idaho	Full Name of Mother: Elizabeth Bunn	Name of Father: Franklin S. Beck	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #241039	Date Issued: ----	Date Orig. Entry: child born Oct.20,1935
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: October 4, 1965

FORM BH 56067

OCT 4 1965

Nelson

Hazel H. said date missing item #12 OK. since we know date it expires.

844-22-2258

(Be sure the information is complete and accurate)

State File No. De 65-726

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 8 1965

Bureau of Vital Statistics

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marysville

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Home

USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Fremont

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton

d. STREET ADDRESS (If rural, give location): Home

3. CHILD'S NAME (Type or print)

a. (First): Selma

b. (Middle):

c. (Last): Stemphens

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) (Day) (Year): Jan 27 1962

FATHER OF CHILD

7. FULL NAME: a. (First): Thomas b. (Middle): Fulton c. (Last): Stemphens

8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Milford Utah

11a. USUAL OCCUPATION: Clerk Retail

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First): Phyllis b. (Middle): R. c. (Last): Reynolds

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Laurence Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? None

c. How many children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Eg L Hodges

18c. ADDRESS: Ashton Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED: Aug 18 1965

19. DATE REC'D BY LOCAL REG.: Oct. 14, 1965

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(*This section MUST be filled out*)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [X] NO [ ]

Approximate date:

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum: Silver Nitrate

Form DPH-48001

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 14 1965

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

DELAYED

165-217-036 993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-755

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Jones			2. Date of Birth (month) Nov. (day) 17 (year) 1912
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Malad Oneida	b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: John J Jones			7. State or Country of Father's Birth: Malad Idaho
MOTHER	8. Full Maiden Name of Mother: Armenta Richards			9. State or Country of Mother's Birth: Malad Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Ferguson		11. Present Address of Registrant: Aberdeen, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 21 1965	12. Signature of Notary: Colen H Sweeten Jr.		13. Notary Commission expires: Clerk of the district court

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #212097	Date Issued: -----	Date Orig. Entry: child born May 1, 1933	
	Date of Birth: Age 20	Birth Place: Malad, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of affidavit for marriage license	By whom issued and signed: Bannock County, Idaho, Sarah Devaney, Clerk	Date Issued: June 9,1965	Date Orig. Entry: March 28,1931	
	Date of Birth: Age 18	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Armenta Richards Jones	Date Issued: Oct.12,1965	Date Orig. Entry: -----	
	Date of Birth: Nov.17,1912	Birth Place: Malad, Oneida County, Idaho	Full Name of Mother: Armenta Richards Jones	Name of Father: John J. Jones	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	October 26,1965

FORM BH 56067

OCT 26 1965

962-22-7016-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-799

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Isabel Ollie Roberts
2. Date Of Birth (month) (day) (year): June 27 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Cassia
b. City or Town of Birth: Sublett, Idaho

FATHER

6. Full Name of Father: Ross Roberts
7. State or Country of Father's Birth: Cambridge Nebr.

MOTHER

8. Full Maiden Name of Mother: Margaret Cordella Powers
9. State or Country of Mother's Birth: Idaho Sublett

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Isabel O. Lattimer
11. Present Address of Registrant: Eden, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 29 1965
12. Signature of Notary: Wm Roberts
13. Notary Commission expires: March 22 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of page from family Bible	Family Bible	Sep.29,1965	obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 27,1912 Sublett, Idaho	Margaret Cordella Powers	Ross Roberts	
SUPPORTING RECORD 2.	Affidavit by mother	Margaret Cordella Roberts	Sep.29,1965	-----
	June 27,1912 Sublett, Idaho	Margaret Cordella Roberts	Ross Roberts	
SUPPORTING RECORD 3.	certified copy of marriage affidavit #927	Elko County, Nevada, R.L. Kane Clerk	Oct.22,1965	May 16,1936
	Age 23	-----	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: November 5,1965

FORM BH 56067

NOV 5 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Lattimer

636-215-030-736

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-896

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SUE O'CONNOR			2. Date Of Birth (month) July (day) 15 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Forney	
FATHER	6. Full Name of Father: DANIEL FRANKLIN O'CONNOR			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: ALMIRA BELLE PLOUGHOFT			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sue Conner Hammond		11. Present Address of Registrant: Challis, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 30, 1965	12. Signature of Notary: [illegible]		13. Notary Commission expires: January 2, 1967	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #208899		Date Issued: -----	Date Orig. Entry: child born Oct. 15, 1932
	Date of Birth: Age 20	Birth Place: Forney	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for Social Security #518-50-7103	By whom issued and signed: Social Security administration		Date Issued: -----	Date Orig. Entry: Oct. 4, 1960
	Date of Birth: July 15, 1912	Birth Place: Forney, Lemhi County, Idaho	Full Name of Mother: Almira Belle Ploughoft	Name of Father: Daniel Franklin O'Connor	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 62	By whom issued and signed: Maude Esther Alley		Date Issued: July 10, 1963	Date Orig. Entry: -----
	Date of Birth: July 15, 1912	Birth Place: Forney, Lemhi County, Idaho	Full Name of Mother: Almira Belle Ploughoft O'Connor	Name of Father: Daniel Francis O'Connor	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Dec. 8, 1965

FORM BH 56067

DEC 16 1965

Furey, Furey & Bennetts, Attys.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR	1. Registrar's Name & Birth	2. Date of Birth (month) (day) (year)	July 15 1912
	3. Color or Race	4. Place of Birth	5. County of Birth
	White	Lewis	Furey
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	Iowa
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Challis, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires: January 2, 1967

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit birth certificate in file Lewis #20[illegible]	By whom issued and signed	Date Issued: ----
	Date of Birth: [illegible]	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Notarized [illegible]	By whom issued and signed: Social Security Administration	Date Issued: ----
	Date of Birth: July 14, 1912	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3.	Type of Document: Affidavit by [illegible]	By whom issued and signed: [illegible]	Date Issued: July 10, 1913
	Date of Birth: July 15, 1912	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	Dec. 8, 1965

FORM NO. 66043

133-205.042-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-016

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maud Allen			2. Date of Birth (month) December (day) 5 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Melvin Eugene Allen			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Fern Lamoreaux			9. State or Country of Mother's Birth: Preston, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maud Allen Dawson		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on 12-17-65 19___	12. Signature of Notary: Don Beebe Jr.		13. Notary Commission expires ___ 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Elder Peter Swenson	Date Issued: -----	Date Orig. Entry: blessed Jan.5,1913	
	Date of Birth: Dec.5,1912	Birth Place: Twin Falls,Idaho	Full Name of Mother: Fern Lamoreaux	Name of Father: Melvin Allen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle Age 69	By whom issued and signed: M. L. Allen	Date Issued: Dec.10,1965	Date Orig. Entry: -----	
	Date of Birth: Dec.5,1912	Birth Place: Twin Falls,Idaho	Full Name of Mother: Fern Lamoreaux Allen	Name of Father: Melvin Eugene Allen	
SUPPORTING RECORD 3.	Type of Document: photocopy of insurance record card	By whom issued and signed: Intercoast Mutual Life Ins. Co.	Date Issued: -----	Date Orig. Entry: Jan.9,1959	
	Date of Birth: Dec.5,1912	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Jan. 11, 1966

FORM BH 56067

11-17-65

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JUL 1 0 1973

363 -227-038-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-171

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CLARETTA COLE
2. Date Of Birth (month) (day) (year): November 27, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Payette
b. City or Town of Birth: New Plymouth

FATHER

6. Full Name of Father: James Herbert Cole
7. State or Country of Father's Birth: Washington

MOTHER

8. Full Maiden Name of Mother: Elva Madeline Corbin Claretta L
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Claretta Sexton
11. Present Address of Registrant: Ola Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 2nd of March 1966
12. Signature of Notary: W W Benson
13. Notary Commission expires: Aug 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Statement School Record
By whom issued and signed: New Plymouth Public Schools
Date Issued: Feb 24,1966
Date Orig. Entry: Attended school Sept.4, 1928
Date of Birth: Nov.27,1912
Birth Place: Idaho
Full Name of Mother: -----
Name of Father: Herbert Cole

SUPPORTING RECORD 2.

Type of Document: Affidavit by mother Age 73
By whom issued and signed: Elva Madeline Cole
Date Issued: Dec.6,1965
Date Orig. Entry: -------
Date of Birth: Nov.27,1912
Birth Place: New Plymouth Payette County
Full Name of Mother: Elva Madeline Corbin
Name of Father: ---------

SUPPORTING RECORD 3.

Type of Document: Own childs birth certificate
By whom issued and signed: Certificate # 220302 on file with state of Idaho
Date Issued: ----
Date Orig. Entry: child born Mar.19,1934
Date of Birth: Age 21
Birth Place: Idaho
Full Name of Mother: ----------
Name of Father: ----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 2, 1966

FORM BH 56067

1 copy paid

MAR 2 1966

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248223-016-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-243

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy LaMare Smith			2. Date Of Birth (month) Oct (day) 23 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Oakley Cassia	b. City or Town of Birth: Marion (mail Oakley)
FATHER	6. Full Name of Father: Joseph Shields (Marion) Smith			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mae Agnes DeLa Mare			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy S. Whiteley		11. Present Address of Registrant: Oakley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 7th 1966	12. Signature of Notary: Wallace A Hale		13. Notary Commission expires: May 12th 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #56-15519	Date Issued: -----	Date Orig. Entry: child born Dec.13,1956	
	Date of Birth: Age 44	Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, William O. Wilson Ward Clerk	Date Issued: Feb.24,1966	Date Orig. Entry: blessed Jan.5,1913	
	Date of Birth: Oct.23,1912	Birth Place: Marion, Cassia County, Idaho	Full Name of Mother: May De-La-Mare	Name of Father: Joseph Smith	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: M.W.Cranney, Age 77	Date Issued: Feb.24,1966	Date Orig. Entry: ----	
	Date of Birth: Oct.23,1912	Birth Place: Marion, Idaho	Full Name of Mother: Mae Agnes DeLaMare Smith	Name of Father: Joseph Shields Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnum	Evidence reviewed by: Glenda Larson	Date Filed: March 24, 1966

FORM BH 56067

MAR 24 1966
FEB 05 2013

DECEASED

656-230-016-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-342

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Fewkes		2. Date of Birth (month) January (day) 30th (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: View, Idaho, Cassia; b. City or Town of Birth: View
FATHER	6. Full Name of Father: James Herbert Fewkes		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Bailey		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanche Jolley	11. Present Address of Registrant: 9346 S.E.32nd St. Milwaukie Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: 3-28 1966	12. Signature of Notary: John Vaughn	13. Notary Commission expires: My Commission Expires ____ 19__

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age 65	By whom issued and signed: Mary Alta Larsen	Date issued: Feb.28,1966	Date Orig. Entry: -----
	Date of Birth: Jan.30,1912; Birth Place: View, Idaho	Full Name of Mother: Sarah Elizabeth Bailey	Name of Father: James Herbert Fewkes	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Physicians and Surgeons Hosp. Portland, Oregon	Date issued: Mar.18,1966	Date Orig. Entry: Oct.24,1951
	Date of Birth: Jan.30,1912; Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date issued: Mar.24,1966	Date Orig. Entry: Apr.7,1912
	Date of Birth: Jan.30,1912; Birth Place: Cassia County View, Idaho	Full Name of Mother: Elizabeth Bailey	Name of Father: James Herbert Fewkes	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 25, 1966	

FORM BH 56067

2-3-66

APR 25 1966

219-215-016-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-507

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MAMIE LOUISE BARIGAR		2. Date of Birth (month) MAY (day) 15 (year) 1912	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: ~~XXXXXX~~ IDAHO, CASSIA	b. City or Town of Birth: OAKLEY
FATHER	6. Full Name of Father: GEORGE W. BARIGAR			7. State or Country of Father's Birth: GALENAN, KANSAS~~URI~~
MOTHER	8. Full Maiden Name of Mother: ANNA BELL LAMB			9. State or Country of Mother's Birth: HOUSTON, MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on March 30th 1966	12. Signature of Notary: Mamie Louise Cawel		13. Notary Commission expires July 31 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Certificate of own child's birth		By whom issued and signed: Sacred Heart Hospital, Spokane Washington	Date Issued: Mar.2,1945	Date Orig. Entry: child born Mar.2,1945
	Date of Birth: May 15,1912	Birth Place: Oakley, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Anna Bell Barigar	Date Issued: Mar.30,1966	Date Orig. Entry: ------
	Date of Birth: May 15,1912	Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Anna Bell Barigar	Name of Father: George W. Barigar	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record #89752		By whom issued and signed: Deaconess Hospital, Spokane, Washington, Linda Ling, Med.Rec.	Date Issued: ------	Date Orig. Entry: Jan.29,1953
	Date of Birth: May 15,1912	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	gml Glenda Larson	June 7, 1966

FORM BH 56067

No search made. One copy paid Rec. # 8139. (C) 3-14-66

Cannel
Miller, Atty.

JUN 7 1966

693230-039-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-571

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillie Victoria Wilske		2. Date of Birth (month) June (day) 30 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: American Falls Power	b. City or Town of Birth: American Falls, Idaho
FATHER	6. Full Name of Father: Gottfried Wilske		7. State or Country of Father's Birth: Nicholas II, Emperor of all the Russias	
MOTHER	8. Full Maiden Name of Mother: Lydia Baldzer		9. State or Country of Mother's Birth: Nicholas II, Emperor of all the Russias	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillie Victoria Wilske	11. Present Address of Registrant: 480 Horrocks Drive, Blackfoot Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 5 1966	12. Signature of Notary: [illegible]	13. Notary Commission expires: May 14 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Naturalization #235432	By whom issued and signed: A.L.Richardson, Clerk, U.S. Dist. Court of Idaho, Am. Falls.	Date Issued: Apr.23,1913	Date Orig. Entry: ---	
	Date of Birth: 9 mos.	Birth Place: -----	Full Name of Mother: Lydia Wilske	Name of Father: Gottfried Wilske	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: American Falls, High School	Date Issued: -----	Date Orig. Entry: Sept.3,1928	
	Date of Birth: Age 16	Birth Place: -----	Full Name of Mother: -----	Name of Father: Gottfried	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #22277h	Date Issued: ----	Date Orig. Entry: child born June 15,193h	
	Date of Birth: Age 21	Birth Place: American Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

Affidavit by neighbor at time of birth, Thomas A. Dille Age 6h, gives date of birth as June 30, 1912 at American Falls, Parents' names as Gottfried Wilske and Lydia Baldzer Wilske.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	June 22, 1966

FORM BH 56067

6-1-66 gml

JUN 22 1966

595-205-021-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-634

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rhea Kofoed Nielsen			2. Date of Birth (month) June (day) 5, (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Weston
FATHER	6. Full Name of Father: William Nielsen			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Roseina C. Nielsen (Kofoed)			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rhea Kofoed Nielsen Wood		11. Present Address of Registrant: Letha, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 7-15 1966	12. Signature of Notary: Zola L. Kostock		13. Notary Commission expires: 10-18-67 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 85	By whom issued and signed: Roseina C. Nielsen	Date Issued: Mar. 21, 1966	Date Orig. Entry: --------	
	Date of Birth: June 5, 1912	Birth Place: Weston, Idaho	Full Name of Mother: Roseina C. Kofoed Nielsen	Name of Father: William Nielsen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church Joseph Smith, Elder	Date Issued: Jun. 13, 1920	Date Orig. Entry: Baptized June 12, 1920	
	Date of Birth: June 5, 1912	Birth Place: Weston, Idaho	Full Name of Mother: Roseina C. Kofoed Nielsen	Name of Father: William Nielsen	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: Yeppa Benson, Bishop L. D. S. Church	Date Issued: July 7 1912	Date Orig. Entry: Blessed July 7, 1912	
	Date of Birth: June 5, 1912	Birth Place: Weston, Idaho	Full Name of Mother: Roseina C. Kofoed	Name of Father: William Nielsen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: July 15, 1966

FORM BH 56067

In office - no corresp

JUL 15 1966

483-28-025-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-694

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vincent Gerhard Uhlenkott			2. Date Of Birth (month) June (day) 28 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Greencreek Idaho / Idaho	b. City or Town of Birth: Greencreek Idaho
FATHER	6. Full Name of Father: Henry Uhlenkott			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Louisa Wassmuth			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vincent G. Uhlenkott		11. Present Address of Registrant: CLARKSTON WASH
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 1966	12. Signature of Notary: Donald E. Adams		13. Notary Commission expires: May 31 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

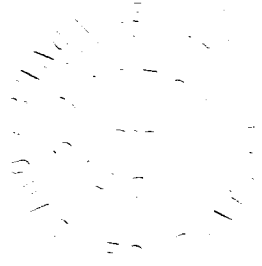
SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance membership	By whom issued and signed: Gem State Mutual Life Assoc. Inc. of Pocatello	Date Issued: applicant was 24 yrs. old at time of	Date Orig. Entry: application. (abt. 1936)
	Date of Birth: Jun.28,1912	Birth Place: Greencreek, Idaho	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On File Idaho #434622	Date Issued: -----	Date Orig. Entry: child born Mar.30,1947
	Date of Birth: Age 34	Birth Place: Greencreek, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism	By whom issued and signed: St.Anthony's Church, Greencreek, Idaho, Roman Catholic	Date Issued: ----	Date Orig. Entry: baptized June 29,1912
	Date of Birth: June 28,1912	Birth Place: Greencreek,Idaho	Full Name of Mother: Louisa Wassmuth	Name of Father: Henry Uhlenkott
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 29,1966

FORM BH 56067

4-2-68

AUG 1 1966



236-209-022-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-792

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Helen de Stwolinski		2. Date Of Birth (month) April (day) 9 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Fred de Stwolinski		7. State or Country of Father's Birth: Fort Scott Kansas
MOTHER	8. Full Maiden Name of Mother: Irene Stone		9. State or Country of Mother's Birth: LeClair Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy H. Nelson	11. Present Address of Registrant: 109 Mt. Dr. Pocatello, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: June 1 1966	12. Signature of Notary: Beverly Raymond	13. Notary Commission expires: 3-1 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #262	By whom issued and signed: Salt Lake County, Utah, State Dept. of Health, Vit. Stat.	Date Issued: Aug. 23, 1954	Date Orig. Entry: child born Mar. 11, 1935	
	Date of Birth: Age 22	Birth Place: Ashton, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Ferdinand de Stwolinski	Date Issued: Aug. 10, 1966	Date Orig. Entry: -----	
	Date of Birth: Apr. 9, 1912	Birth Place: Ashton, Fremont County, Idaho	Full Name of Mother: Irene Stone de Stwolinski	Name of Father: Ferdinand de Stwolinski	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #79980	By whom issued and signed: Ladies Society of the Brotherhood of Locomotive, Firement & Enginemen.	Date Issued: Mar. 15, 1962	Date Orig. Entry: Feb. 1, 1940	
	Date of Birth: Apr. 9, 1912	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Sept. 8, 1966

FORM BH 56067

(N) 8-24-66

SEP 8 1966

DECEASED

256-12-0 33-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-839

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fred Knopp			2. Date Of Birth (month) (day) (year): December 22 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Sugar City, Idaho Madison	b. City or Town of Birth: Sugar City
FATHER	6. Full Name of Father: Henry Knopp Jr.			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Mary Hartung			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred Knopp		11. Present Address of Registrant: Box 474, Paul, Idaho
NOTARY (Seal) Clerk of the Dist. Court	Subscribed and sworn to before me on: May 18 19 66	12. Signature of Notary: [signature]		13. Notary Commission expires: January 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

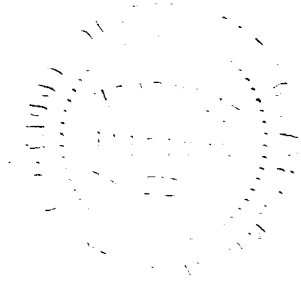
SUPPORTING RECORD 1.	Type of Document: Statement regarding marriage records #2850	By whom issued and signed: Frank B. Kearns, Auditor, Recorder & Clerk, Cassia Co., Idaho	Date Issued: May 19, 1966	Date Orig. Entry: May 19, 1966	
	Date of Birth: Age 29	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of baptismal certificate	By whom issued and signed: certified by Minidoka County clerk	Date Issued: May 19, 1966	Date Orig. Entry: baptized Jan. 26, 1913	
	Date of Birth: Dec. 22, 1912	Birth Place: Sugar City, Idaho	Full Name of Mother: Maria Hartung	Name of Father: Heinrich Knopp	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age 76	By whom issued and signed: Jacob Knopp	Date Issued: May 23, 1966	Date Orig. Entry: -----	
	Date of Birth: Dec. 22, 1912	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 19, 1966

FORM BH 56067

(K) 5-12-66. one copy pd. rec. #9800. search made

SEP 20 1966



8W9 344-201-001-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-849

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BESSIE MAY CUMMINGS			2. Date of Birth (month) MAY (day) 1 (year) 1912	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: MERIDIAN ADA	b. City or Town of Birth: MERIDIAN, IDAHO	
FATHER	6. Full Name of Father: FREDRICK FRANKLIN CUMMINGS			7. State or Country of Father's Birth: KERWIN KANSAS	
MOTHER	8. Full Maiden Name of Mother: CAROLINE GILMORE			9. State or Country of Mother's Birth: KERWIN KANSAS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie May Alger		11. Present Address of Registrant: RT. 2 MERIDIAN, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 28 1966	12. Signature of Notary: Dorothy Bolen		13. Notary Commission expires: March 13 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor (at time of birth) Age 66	By whom issued and signed: Daisy Snyder		Date Issued: Sept. 22, 1966	Date Orig. Entry: -------
	Date of Birth: May 1, 1912	Birth Place: Meridian, Idaho	Full Name of Mother: Caroline Gilmore Cummings	Name of Father: Fredrick Franklin Cummings	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #29118	By whom issued and signed: Commercial Travelers Ins. Co.		Date Issued: Dec 30, 1947	Date Orig. Entry: Nov. 15, 1947
	Date of Birth: May 1, 1912	Birth Place: Meridian, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate on file with state of Idaho	By whom issued and signed: # 262672		Date Issued: ----	Date Orig. Entry: child born Jan. 11, 1938
	Date of Birth: Age 25	Birth Place: Meridian, Idaho	Full Name of Mother: --------	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Sept. 28, 1966

FORM BH 56067

9-7-66

SEP 28 1966

533-104-001-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-968

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Joseph Wilbur Ellis			2. Date of Birth (month) July (day) 4 (year) 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: James Edgar Ellis			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Flora May Marsh			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Joseph W. Ellis	11. Present Address of Registrant: Box 5 Bremner, Wash. 98390	
NOTARY (Seal)	Subscribed and sworn to before me on: November 7 1966		12. Signature of Notary: [illegible]	13. Notary Commission expires: July 1 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #440979	Date Issued: -----	Date Orig. Entry: child born Aug. 15, 1947
	Date of Birth: Age 35	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Family Bible		By whom issued and signed: Family Bible Record	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: July 4, 1912	Birth Place: -----	Full Name of Mother: Flora May Ellis	Name of Father: James Edgar Ellis	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #5 345 318		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: June 1, 1951	Date Orig. Entry: Apr. 26, 1951
	Date of Birth: July 4, 1912	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	Nov. 9, 1966

FORM BH 56067

1 copy paid rec. 1527

10-14-66 gml.

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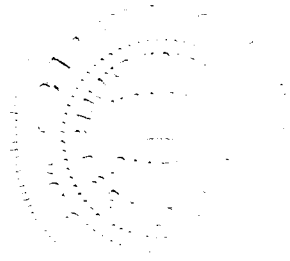


249-125-022-764

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-053
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLENN RONALD BURT		2. Date Of Birth: (month) March (day) 25 (year) 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Fremont	b. City or Town of Birth: Chester
FATHER	6. Full Name of Father: Charles Andrew Burt		7. State or Country of Father's Birth: X Utah	
MOTHER	8. Full Maiden Name of Mother: Grace Florence Godfrey		9. State or Country of Mother's Birth: X Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glenn R. Burt	11. Present Address of Registrant: X Reserve, New Mexico	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 12 1967	12. Signature of Notary: Jacob C Scott Jr	13. Notary Commission expires: June 23 1967	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: L. D. S. Church	Date Issued: 4/10/54	Date Orig. Entry: Baptized on April 30, 1921
Class* B	Date of Birth: March 25, 1912 / Birth Place: Chester, Idaho	Full Name of Mother: Grace Florence Godfrey	Name of Father: Charles Andrew Burt	
SUPPORTING RECORD 2.	Type of Document: affidavit by older sister of father present at birth	By whom issued and signed: Mary E. Hulse (nee Burt)	Date Issued: Nov.18,1954	Date Orig. Entry: ------
Class	Date of Birth: Mar.25,1912 / Birth Place: Chester, Fremont County, Idaho	Full Name of Mother: Grace Florence Godfrey	Name of Father: Charles Andrew Burt	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: IDS Church, Chester Ward	Date Issued: Jun.30,1912	Date Orig. Entry: Blessed June 2,1912
Class	Date of Birth: Mar.25,1912 / Birth Place: Chester, Idaho Fremont County	Full Name of Mother: Grace Godfrey	Name of Father: C. A. Burt	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 25, 1967

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 49067

1 copy xx

JAN 25 1967

MAY 10 2004

MAY 14 2004

319-229-022-614

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-055

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN NAOMI CAZIER			2. Date of Birth (month) December (day) 29 (year) 1912
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Farnum
FATHER	6. Full Name of Father: JOSEPH SMITH CAZIER			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: EDNA MOSSELLE WADE			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen N. Norton		11. Present Address of Registrant: 862 West 4400 South, OGDEN, UTAH
NOTARY (Seal)	Subscribed and sworn to before me on: May 10, 1961	12. Signature of Notary: County Recorder ex-officio Notary Public R. L. Waring		13. Notary Commisaion expires: Jan. 5, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: State of California	Date Issued: Nov.18,1949	Date Orig. Entry: child born Apr.23,1940
	Date of Birth: Age 27	Birth Place: Farnum, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age 71	By whom issued and signed: Myrtle E. Rohrabacher	Date Issued: May 10,1961	Date Orig. Entry: -----
	Date of Birth: Dec.29,1912	Birth Place: Farnum, Idaho	Full Name of Mother: Edna Mosselle Wade	Name of Father: Joseph Smith Cazier
SUPPORTING RECORD 3.	Type of Document: Statement regarding marriage records Vol. 26, Page 260	By whom issued and signed: County Recorder's Office Stanislaus County, California	Date Issued: May 10,1961	Date Orig. Entry: Apr.29,1935
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: Edna Mosselle Wade	Name of Father: Joseph Smith Cazier
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Jan. 25, 1967

FORM BH 56067

-5-4-61

FEB 1 5 1967

963-225-005-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-110

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Elizabeth Roller			2. Date of Birth (month) May (day) 25 (year) 1912	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Idaho Benewah	b. City or Town of Birth: Plummer	
FATHER	6. Full Name of Father: George Louis Roller			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Vernie Gladys Dorriss			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Elizabeth Kliebenstein		11. Present Address of Registrant: 224 Long Ave Long Beach Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: 1-31 1967	12. Signature of Notary: Russell T. Rengo		13. Notary Commission expires: MY COMMISSION EXPIRES JANUARY 12, 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage certificate #52783 A	By whom issued and signed: Spokane County Auditor's office, Washington		Date Issued: Jan.19,1967	Date Orig. Entry: July 14, 1936
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: Dorriss	Name of Father: Louis Roller	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Gladys Dunkle		Date Issued: Jan.19,1967	Date Orig. Entry: -----
	Date of Birth: May 25,1912	Birth Place: Plummer, Idaho	Full Name of Mother: Gladys Dunkle	Name of Father: George Louis Roller	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #31265171	By whom issued and signed: Limited Payment Life Policy Metropolitan Life Ins. Co.		Date Issued: Dec.2,1918	Date Orig. Entry: Dec.2,1918
	Date of Birth: Age next bd. 7	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Feb. 16, 1967

FORM BH 56067

FEB 17 1967

533-218-018-666

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-196
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Leona Eller

2. Date of Birth: (month) Oct. (day) 18 (year) 1912

3. Color or Race: White

4. Sex: F

5. Place of Birth: a. County: Fraser, Clearwater

b. City or Town of Birth: Fraser Community on farm

FATHER

6. Full Name of Father: Andrew Samuel Eller

7. State or Country of Father's Birth: Indiana, U.S.A

MOTHER

8. Full Maiden Name of Mother: Martha Elizabeth Woodson

9. State or Country of Mother's Birth: West Virginia, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys L. Smolinski

11. Present Address of Registrant: 804 Ridgeview, Pullman, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: July 6 1964

12. Signature of Notary: Richard W. Skinner

13. Notary Commission expires: Jan. 10 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*_____	Affidavit by parents	Andrew S. Eller and Martha E. Eller	Jan. 14, 1961	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct. 18, 1912 / Fraser, Idaho	Martha E. Eller	Andrew S. Eller	
SUPPORTING RECORD 2. Class_____	Type of Document: Statement regarding school records Dist. #40	By whom issued and signed: Clearwater County Clerk's Office, Idaho	Date Issued: Mar.1,1967	Date Orig. Entry: Nov.9,1925
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 13 / -----	-----	Sam Eller	
SUPPORTING RECORD 3. Class_____	Type of Document: certified copy of marriage license affidavit #168641	By whom issued and signed: Nez Perce County Recorder's office, Idaho	Date Issued: Mar.1,1967	Date Orig. Entry: June 3, 1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 26 / Fraser, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson

Evidence reviewed by: gml Glenda Larson

Date Filed: March 17, 1967

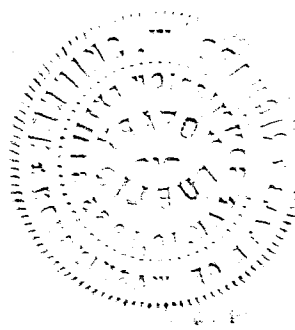
*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K Form DPH 49067

No Record Issued

7-14-64 (S)

MAR 17 1967



DECEASED

925-219-040-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-233

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Mary Kaufman Isenberg**		2. Date of Birth (month) (day) (year): **March 19 1912**
	3. Color or Race: **White** | 4. Sex: **Female**	5. Place of Birth a. County: **Shoshone**	b. City or Town of Birth: **Kellogg, Idaho**
FATHER	6. Full Name of Father: **Fred Raymond Isenberg**		7. State or Country of Father's Birth: **Pennsylvania**
MOTHER	8. Full Maiden Name of Mother: **Helen Llewellyn Kaufman**		9. State or Country of Mother's Birth: **Pennsylvania**
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Isenberg	11. Present Address of Registrant: 815 Chilton Ave. Niagara Falls, N. Y.
NOTARY (Seal)	Subscribed and sworn to before me on: February 3 1967	12. Signature of Notary: Evelyn M. Burton 67	13. Notary Commission expires: March 30 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism	By whom issued and signed: Brisbin Baptist Church, Penn. Rev. J. Earl Gindlesperger	Date Issued: Jan. 30, 1967	Date Orig. Entry: baptized Apr. 15, 1923	
	Date of Birth: Mar. 19, 1912	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Marriage License and Certificate 6k3	By whom issued and signed: Niagara Falls, New York City Clerk's Office	Date Issued: Mar. 20, 1967	Date Orig. Entry: Oct. 25, 1961	
	Date of Birth: Mar. 19, 1912	Birth Place: Kellogg, Idaho	Full Name of Mother: Helen Kaufman	Name of Father: Fred R. Isenberg	
SUPPORTING RECORD 3.	Type of Document: Affidavi ty relative Age 79	By whom issued and signed: Paul Z. Kaufman	Date Issued: Mar. 13, 1967	Date Orig. Entry: -----	
	Date of Birth: Mar. 19, 1912	Birth Place: Kellogg, Idaho	Full Name of Mother: Helen Llewellyn Kaufman	Name of Father: Fred Raymond Isenberg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Mar. 29, 1967

FORM BH 56067

MAR 30 1967

213-209-028-234

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-286

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Dorothy Sala		2. Date Of Birth (month) April (day) 9 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Harrison, Idaho
FATHER	6. Full Name of Father: Louis Sala		7. State or Country of Father's Birth: Italy	
MOTHER	8. Full Maiden Name of Mother: Margaret Sciuchetti		9. State or Country of Mother's Birth: Italy	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Dorothy Little	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: April 3 1967	12. Signature of Notary: Era Jamruch	13. Notary Commission expires: October 23 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by older sister		By whom issued and signed: Mary C. Magnuson (bd. 3/8/1902)	Date Issued: May 27,1964	Date Orig. Entry: -----
	Date of Birth: Apr.9,1912	Birth Place: Harrison, Idaho Kootenai County	Full Name of Mother: Margaret Sciuchetti	Name of Father: Louis Sala	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #518-01-3772		By whom issued and signed: Social Security Adm.	Date Issued: -----	Date Orig. Entry: Nov.30,1936
	Date of Birth: Apr.9,1912	Birth Place: Harrison,Idaho	Full Name of Mother: Margret Scuichetti	Name of Father: Louis Sala	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #442002	Date Issued: -----	Date Orig. Entry: Child born Aug.12,1947
	Date of Birth: Age 35	Birth Place: Harrison, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 2, 1967

FORM BH 56067 (a) 3-30-67

MAY 2 1967
FEB 19 1974

243-209-041-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-303

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Katherine Buchanan		2. Date of Birth (month) Jan. (day) 9 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Henry Fielden Buchanan		7. State or Country of Father's Birth: Pleasant Ridge, Kansas
MOTHER	8. Full Maiden Name of Mother: Ella Mae Laris		9. State or Country of Mother's Birth: Trinidad, Cola.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy K Buchanan	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: April 6 1967	12. Signature of Notary: Robert L Ryan	13. Notary Commission expires: May 11 1968

APPLICANT — (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: American National Ins. Co. Galveston, Texas	Date Issued: -----	Date Orig. Entry: Oct.16,1936
	Date of Birth: Jan.9,1912 / Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #178446	Date Issued: -----	Date Orig. Entry: child born Jan.24,1930
	Date of Birth: Age 18 / Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age 72	By whom issued and signed: Ella Giese	Date Issued: Apr.6,1967	Date Orig. Entry: -----
	Date of Birth: Jan.9,1912 / Birth Place: Twin Falls,Idaho	Full Name of Mother: Ella Mae Laris Buchanan	Name of Father: Henry Fielden Buchanan	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Glenda Larson	May 5, 1967

FORM BH 56067

MAY 5 1967

✓ 766-221-001-219

37

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-322

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Anna Powell		2. Date of Birth (month) (day) (year): June 21, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Meridian, Ida. Ada
			b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: William Arthur Powell		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Daisy Latitia Barker		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris Anna Frost	11. Present Address of Registrant: Rt. 3, Meridian, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: May 1, 1967	12. Signature of Notary: W. W. Godfrey	13. Notary Commission expires: Jan. 4 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin Age 72	By whom issued and signed: Robin S. French	Date Issued: May 1, 1967	Date Orig. Entry: -----
	Date of Birth: Jun.21,1912 / Birth Place: Meridian, Idaho	Full Name of Mother: Daisy Letitia Barker	Name of Father: William Arthur Powell	
SUPPORTING RECORD 2.	Type of Document: Transcript	By whom issued and signed: University of Idaho	Date Issued: Feb.25,1964	Date Orig. Entry: Matriculation Sept. 30,1959
	Date of Birth: Jun.21,1912 / Birth Place: Meridian, Idaho	Full Name of Mother: ----	Name of Father: William Arthur Powell	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho	Date Issued: ------	Date Orig. Entry: child born Dec. 20,1936
	Date of Birth: Age 24 / Birth Place: Meridian, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: May 9,1967	

FORM BH 56067

MAY 9 1967

981-109-001-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-370

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Archie Theoplis Ryals			2. Date Of Birth (month) April (day) 9 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boise Ida Adis	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: William Milton Ryals			7. State or Country of Father's Birth: Mozirs
MOTHER	8. Full Maiden Name of Mother: Lulah Emma Shaul			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Archie T. Ryals		11. Present Address of Registrant: Rt 3 Box 415 Everett Wa
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1967	12. Signature of Notary: [illegible]		13. Notary Commission expires: Sept 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notorized photocopy of a family record	By whom issued and signed: H. J. Hansen, Notary Public Everett, Washington	Date Issued: April 1964	Date Orig. Entry: obviously old	
	Date of Birth: April 9, 1912	Birth Place: Boise City, Idaho	Full Name of Mother: Lulah Emma Shaul	Name of Father: William Milton Ryals	
SUPPORTING RECORD 2.	Type of Document: Hospital record of own child's birth	By whom issued and signed: General Hospital Everett, Washington	Date Issued: June 19, 1958	Date Orig. Entry: child born June 19, 1958	
	Date of Birth: April 9, 1912	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school census records	By whom issued and signed: David T. Speedlin, Co. Supt. Scotts Bluff Co., Nebraska	Date Issued: Apr.28,1967	Date Orig. Entry: June 17,1919	
	Date of Birth: Apr.9,1912	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: W. M. Ryals	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	gml Glenda Larson	May 16, 1967

FORM BH 56067 [illegible] 10-8-64 (R)

MAY 1 6 1967

251-218-030-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-488

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Elzada Beattie		2. Date Of Birth (month) April (day) 18 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: William Leslie Beattie		7. State or Country of Father's Birth: Salmon, Idaho	
MOTHER	8. Full Maiden Name of Mother: Alice Elzada Holbrook		9. State or Country of Mother's Birth: Salmon, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Elzada Beattie Wright	11. Present Address of Registrant: 1157 W. 5th S. Salt Lake City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1967	12. Signature of Notary: Anita A. Hendren	13. Notary Commission expires: April 21 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #361407	Date Issued: -----	Date Orig. Entry: child born Oct.25,1942	
	Date of Birth: Age 30	Birth Place: Salmon, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Lemhi County, Idaho School Dist. #14	Date Issued: Mar.17,1967	Date Orig. Entry: 1921 Sept.30	
	Date of Birth: 1912	Birth Place: -----	Full Name of Mother: -----	Name of Father: Wm. Beattie	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age:75	By whom issued and signed: Hazel Snodgrass	Date Issued: Mar.16,1967	Date Orig. Entry: -----	
	Date of Birth: Apr.18,1912	Birth Place: Salmon, Idaho	Full Name of Mother: Alice Elzada Beattie	Name of Father: William Leslie Beattie	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

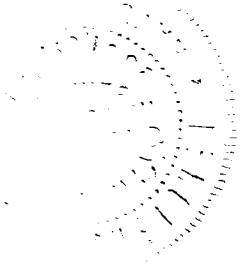
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	June 23, 1967

FORM BH 56067

8-19-67

JUN 23 1967



236-22-003-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-503

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louis Nathan Bloxham
2. Date of Birth (month) (day) (year): December 22 1912
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho, Bannock
b. City or Town of Birth: Downey

FATHER

6. Full Name of Father: William Isaac Bloxham
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ann Clara Wakley (Bloxham)
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louis Bloxham
11. Present Address of Registrant: Downey, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: may 29 1967
12. Signature of Notary: Sam Robinson
13. Notary Commission expires: 5-10- 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Ann C. Bloxham	May 29,1967	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.22,1912	Downey, Idaho	Ann Clara Wakley Bloxham	William Isaac Bloxham

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage license affidavit	Bingham County, Idaho	May 22,1967	June 30, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.22,1912	Downey, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
transcript of school records	Idaho State College, Pocatello	Oct.21,1964	Sep.20,1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.22,1912	Downey, Idaho	-----	Mr. William Bloxham

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 28, 1967.

FORM BH 56067

JUN 2 8 1967

843-206-006-546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-622

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dohl ~~Jorgensen~~ Hutchinson			2. Date of Birth (month) Feb. (day) 6 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Kimball / Bingham	b. City or Town of Birth: Kimball (mail Firth)	
FATHER	6. Full Name of Father: Jean Hutchinson			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Rebecca Edwards			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dohl H. Jorgensen		11. Present Address of Registrant: Box 207 Firth, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 27 1967	12. Signature of Notary: Ruby Nielsen		13. Notary Commission expires: Jan. 2 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, W. B. Taylor, Bishop Kimball Ward		Date Issued: Mar.3,1912	Date Orig. Entry: blessed Mar.3,1912
	Date of Birth: Feb.6,1912 / Birth Place: Kimball, Idaho Bingham County	Full Name of Mother: Rebecca Edwards		Name of Father: Jean Hutchinson	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Kimball Ward Fred J. Savage, Clerk		Date Issued: -----	Date Orig. Entry: baptized Sept.4,1920
	Date of Birth: Feb.6,1912 / Birth Place: Kimball, Idaho Bingham County	Full Name of Mother: Rebecca Edwards		Name of Father: Jean Hutchinson	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record	By whom issued and signed: Idaho State College, Pocatello		Date Issued: -----	Date Orig. Entry: Sept.15,1930
	Date of Birth: Feb.6,1912 / Birth Place: Kimball, Idaho	Full Name of Mother: -----		Name of Father: Jean Hutchinson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: August 9, 1967

FORM BH 56067 3

AUG 10 1967

128-21-2-016-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-688

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leona Asher			2. Date Of Birth (month) (day) (year): December 12, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: Kendell Van Dorn Asher			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Edna Eliza Loveland			9. State or Country of Mother's Birth: Callao Fort, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona Dayley		11. Present Address of Registrant: Declo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 6, 19 67	12. Signature of Notary: [illegible]		13. Notary Commission expires: Jan. 22, 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement by family physician	By whom issued and signed: L.M. Kelly, M.D., Burley, Idaho	Date Issued: Aug.24,1967	Date Orig. Entry: 1949	
	Date of Birth: Dec.12,1912	Birth Place: Albion, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: patriarchal blessing	By whom issued and signed: LDS Church, David Harry Toyn, Patriarch, Albion, Idaho	Date Issued: Nov.1,1925	Date Orig. Entry: Nov.1,1925	
	Date of Birth: Dec.12,1912	Birth Place: -----	Full Name of Mother: Edna Loveland Asher	Name of Father: Don Van Asher	
SUPPORTING RECORD 3.	Type of Document: employment record	By whom issued and signed: H.J. Heinz Co. Employees' Retirement System	Date Issued: Nov.19,1965	Date Orig. Entry: employed Apr.11,1960	
	Date of Birth: Dec.12,1912	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Aug. 30, 1967

FORM BH 56067

AUG 30 1967

168-105-010-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-722

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Eugene Johnson
2. Date Of Birth (month) April (day) 5 (year) 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: (Shelton) Rigby R.2 Bonneville
b. City or Town of Birth: (Shelton) Rigby R. 2

FATHER

6. Full Name of Father: John Johnson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Matilda Ann Howard
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James E. Johnson
11. Present Address of Registrant: 377 East 20th St Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 6-19-67 19__
12. Signature of Notary: John T. Home
13. Notary Commission expires: 2-1-71 19__

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #50-10715	------	child born Sept.3,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 38	Shelton, Idaho	------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Blessing	LDS Church, Shelton Ward John S. Howard, Bishop	------	blessed June 11, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.5,1912	Shelton, Idaho Bonneville County	Mitilda A. Howard	John Johnson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Baptism & Confirmation	LDS Church, Shelton Ward Jos. O. Nielson, Clerk	------	baptized Apr.16,1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.5,1912	Shelton, Idaho Bonneville, County	Matilda A. Howard	John Johnson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

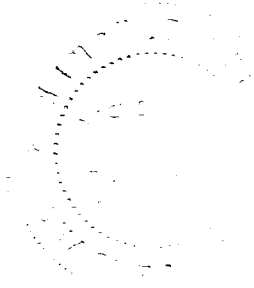
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Sept. 6, 1967

FORM BH 56067

9-22-67

SEP 7 1967



852-229-006-715

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-781

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marvel Leial Hess		2. Date Of Birth (month) (day) (year): February 29 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Goshen
FATHER	6. Full Name of Father: Lot S. Hess		7. State or Country of Father's Birth: Idaho Cassia, Co. Albain
MOTHER	8. Full Maiden Name of Mother: Belle Teeples Gjettrup		9. State or Country of Mother's Birth: Utah, Millard Co. Holden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marvel Peterson	11. Present Address of Registrant: #1 Shelley Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 11, 1967	12. Signature of Notary: G C Simpson	13. Notary Commission expires: 6/26 1968

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Idaho Falls LDS Hospital	Date issued: May 6,1967	Date Orig. Entry: June 20,1938
	Date of Birth: Feb.29,1912; Birth Place: Goshen, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #414511	Date issued: -----	Date Orig. Entry: child born Nov.27,1945
	Date of Birth: Age 33; Birth Place: Goshen, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Lucy Belle Gjettrup	Date issued: Aug.28,1967	Date Orig. Entry: -----
	Date of Birth: Feb.29,1912; Birth Place: Goshen, Idaho	Full Name of Mother: Lucy Belle Teeples Hess (now Gjettrup)	Name of Father: Lot Smith Hess	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Sept. 27, 1967

FORM BH 56067 [illegible] #12442 (P) 8-23-67 [illegible]

SEP 27 1967
FEB 10 1969

256-228-006-645

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-805

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie Elizabeth Snow		2. Date Of Birth (month) Oct. (day) 28 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: ~~Idaho Falls~~ Bingham; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Orson Arnold Snow		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Geneva Odell Snow		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Annie S. Beck	11. Present Address of Registrant: 200 S 250 W Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 27 1967	12. Signature of Notary: [signature]	13. Notary Commission expires: 3-26 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #1223916	By whom issued and signed: Bankers Life Co., Des Moines, Iowa	Date issued: Mar.28,1940	Date Orig. Entry: Mar.19,1940
	Date of Birth: Oct.28,1912	Birth Place: -----	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: copy of record of membership	By whom issued and signed: LDS Church,	Date issued: -----	Date Orig. Entry: blessed Feb.9,1913
	Date of Birth: Oct.28,1912	Birth Place: Idaho Falls, Idaho Bingham now Bonneville	Full Name of Mother: Geneva Odell Wright	Name of Father: Orson Arnold Snow
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Orson Arnold Snow	Date issued: Aug.9,1966	Date Orig. Entry: -----
	Date of Birth: Oct.28,1912	Birth Place: Idaho Falls, Idaho Bingham now Bonneville	Full Name of Mother: Geneva Odell Snow	Name of Father: Orson Arnold Snow
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Sept. 27, 1967

FORM BH 56067

2-11-65

SEP 27 1967

943-219-019-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-857

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHEL FLORENCE RUTHERFORD		2. Date Of Birth (month) (day) (year): February 19th 1912
	3. Color or Race: Anglo-Saxon	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Cottonwood
FATHER	6. Full Name of Father: JOHN HARRISON RUTHERFORD		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: EVA MAY HOLLEMBECK		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. E. Florence Bremer	11. Present Address of Registrant: Rowley, Alberta
NOTARY (Seal)	Subscribed and sworn to before me on: July 21st 19 67	12. Signature of Notary: Murray M Page	13. Notary Commission ~~expires~~ does not expire

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (bd.7-22-1895)		By whom issued and signed: Leslie Jay Rutherford	Date Issued: July 21,1967	Date Orig. Entry: -----
	Date of Birth: Feb.19,1912	Birth Place: Cottonwood,Idaho	Full Name of Mother: Eva May Hollembeck	Name of Father: John Harrison Rutherford	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage		By whom issued and signed: Province of Alberta, Canada #23333	Date Issued: Apr.15,1930	Date Orig. Entry: Apr.15,1930
	Date of Birth: Age 18	Birth Place: Cottonwood,Idaho USA	Full Name of Mother: Eva May Hollembeck	Name of Father: John Harrison Rutherford	
SUPPORTING RECORD 3.	Type of Document: Application for membership		By whom issued and signed: Order of the Royal Purple, Big Valley #77, Alta., Can.	Date Issued: Sep.13,1967	Date Orig. Entry: Jan.23,1962
	Date of Birth: Feb.19,1912	Birth Place: Cottonwood,Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	October 10,1967

FORM BH 56067 1 cp pd rec'd 4/11 (B) 8-22-67 gml

OCT 1 1 1967

433-22P-028-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-980

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothea Rozella McCheyne		2. Date of Birth (month) (day) (year): August 20 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Kootenai
			b. City or Town of Birth: Rathdrum
FATHER	6. Full Name of Father: Samuel B. McCheyne		7. State or Country of Father's Birth: Aberdeen Scotland
MOTHER	8. Full Maiden Name of Mother: Kathryn Winifred McDuffie		9. State or Country of Mother's Birth: New York State
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothea R. Mutch	11. Present Address of Registrant: E405 W Sinto, Spokane, Wa
NOTARY (Seal)	Subscribed and sworn to before me on: November 1 1967	12. Signature of Notary: [signature]	13. Notary Commission expires: February 15 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #191448	Date Issued: ———	Date Orig. Entry: child born May 15,1931
	Date of Birth: Age 18	Birth Place: Rathdrum, Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 2.	Type of Document: certified copy of affidavit for marriage license		By whom issued and signed: Kootenai County, Idaho	Date Issued: Oct.24,1967	Date Orig. Entry: Aug.20,1930
	Date of Birth: Aug.20,1912	Birth Place: ———	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: Kootenai County, Idaho Dist. #2, Rathdrum	Date Issued: Oct.24,1967	Date Orig. Entry: Sept.17,1918
	Date of Birth: Age 6	Birth Place: ———	Full Name of Mother: ———	Name of Father: ———	

QUALIFYING INFORMATION

Affidavit by uncle signed November 2, 1967, H.L.McDuffie states that she was born ~~August 20, 1912 at Rathdrum, Idaho, Parents Samuel B. McCheyne and Kathryn Winifred~~ McDuffie.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Nov. 15, 1967

FORM BH 56067

NOV 1 6 1967

JUN 9 1976

346-220-025-919

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1000

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Luoma			2. Date of Birth (month) Aug. (day) 20 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Kooskia, I.	b. City or Town of Birth: Kooskia	
FATHER	6. Full Name of Father: Jacob Fabian Luoma			7. State or Country of Father's Birth: Finland	
MOTHER	8. Full Maiden Name of Mother: Ida Raiski			9. State or Country of Mother's Birth: Finland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Catherine Edna Koste	11. Present Address of Registrant: 34 Charter Circle Ossining, New York	
NOTARY (Seal)	Subscribed and sworn to before me on: November 1 1967		12. Signature of Notary: Florence M. Lang	13. Notary Commission expires: FLORENCE M. LANG Notary Public, State of New York No. 60-7421100 Qualified in Westchester County Term Expires March 30, 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person who has known registrant since birth		By whom issued and signed: Sarah Phoebe Oglesby (bd. June 19, 1899)	Date Issued: Oct. 3, 1967	Date Orig. Entry: -----
	Date of Birth: Aug. 20, 1912	Birth Place: Kooskia, Idaho	Full Name of Mother: Ida Raiski Luoma	Name of Father: Jacob Luoma	
SUPPORTING RECORD 2.	Type of Document: photocopy of baptismal record		By whom issued and signed: Ernest J.A. Probst, Ev. Luth. Pastor, Kooskia, Idaho	Date Issued: Jun. 23, 1913	Date Orig. Entry: baptized June 23, 1913
	Date of Birth: Aug. 20, 1912	Birth Place: -----	Full Name of Mother: Ida Raiski	Name of Father: Jacob Luoma	
SUPPORTING RECORD 3.	Type of Document: Certificate of marriage registration #4879-1940		By whom issued and signed: City Clerk of New York City Borough of Queens	Date Issued: Sep. 26, 1967	Date Orig. Entry: Aug. 16, 1940
	Date of Birth: Age 27	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 30, 1967

FORM BH 56067 NM 2nd form sent 10-26-67 (K) no search made

DEC 1 1967

135-208-014-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-046

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Inez May Fern Alexanderson			2. Date of Birth (month) May (day) 8 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Anders Peter Alexanderson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Annie M. Peterson			9. State or Country of Mother's Birth: Sweden
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Inez May Fern Alexanderson		11. Present Address of Registrant: 1318 Home Avenue Fortuna, California
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19 68	12. Signature of Notary: [illegible]		13. Notary Commission expires: June 25 1970

LaVERNE CHISUM
NOTARY PUBLIC — CALIFORNIA
COUNTY OF HUMBOLDT

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: A. P. Alexanderson	Date Issued: Dec.7,1950	Date Orig. Entry: ------
	Date of Birth: May 8,1912 / Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: Annie M. Peterson	Name of Father: Anders Peter Alexanderson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: William Barnum, Pastor, Second Presbyterian church, Boise, Ida.	Date Issued: ------	Date Orig. Entry: baptized June 12,1921
	Date of Birth: May 8,1912 / Birth Place: -------	Full Name of Mother: Mrs. A. P. Alexanderson	Name of Father: Mr. A. P. Alexanderson	
SUPPORTING RECORD 3.	Type of Document: Doctor's certificate of own child's birth	By whom issued and signed: J. Sarazin, M.D., Nyssa, Oregon	Date Issued: ----	Date Orig. Entry: child born July 26,1939
	Date of Birth: May 8,1912 / Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 11, 1968

FORM BH 56067

[illegible] 12-11-67

JAN 1 1 1968

24921-013-138

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-050

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bashford A Smith		2. Date Of Birth (month) June (day) 21 (year) 1912
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Soldier Camas (Fairfield) b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Charles H. Smith		7. State or Country of Father's Birth: Missouri, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Bessie Achurch		9. State or Country of Mother's Birth: St Louis, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bashford A. Smith	11. Present Address of Registrant: Jerome Ida RT2
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 8 1967	12. Signature of Notary: Phillip M Becker	13. Notary Commission expires: August 1 1967

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Ed. M. Harness Age:73		Date Issued: Dec.8,1967	Date Orig. Entry: ------
	Date of Birth: Jun.21,1912	Birth Place: Soldier, Idaho	Full Name of Mother: Bessie Achurch	Name of Father: Charles H. Smith	
SUPPORTING RECORD 2.	Type of Document: photocopy of lodge record	By whom issued and signed: Hailey Lodge #16 A.F.& A.M.		Date Issued: ----	Date Orig. Entry: Jan.24,1939
	Date of Birth: Jun.21,1912	Birth Place: Fairfield, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license #39421 application	By whom issued and signed: Elko County, Nevada		Date Issued: Dec.20,1967	Date Orig. Entry: Sep.23,1962
	Date of Birth: Jun.21,1912	Birth Place: ------	Full Name of Mother: -----	Name of Father: ------	

QUALIFYING INFORMATION

According to the New International Atlas of the World copyright, 1929, Soldier and Fairfield, Idaho are the same.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Jan.16,1968

FORM BH 56067

11-27-67

Smith

JAN 23 1968

DELAYED

DUP OF 1912-6551

411-21-026-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-067

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Rosemary Major			2. Date of Birth (month) (day) (year): February 11, 1912
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Roberts
FATHER	6. Full Name of Father: Don Dearseau Major			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Caroline Rebecca Bert			9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Mildred R. Smith		11. Present Address of Registrant: Box 54 Kingston, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 4 1968	12. Signature of Notary: Dorothy P. Tucker		13. Notary Commission expires: 12-18 1971

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: photocopy of cradle roll certificate	By whom issued and signed: Family Record, Mt.Carmel MES Sunday School, C.L.Morris, Supt.	Date Issued: Aug.18,1967	Date Orig. Entry: Mar.6,1914
	Date of Birth: Feb.11,1912 / Birth Place: ———	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 2.	Type of Document: photocopy of family Bible records	By whom issued and signed: Family Bible	Date Issued: ———	Date Orig. Entry: obviously old
	Date of Birth: Feb.11,1912 / Birth Place: ———	Full Name of Mother: Caroline Rebecca Bert	Name of Father: Don Dearseaux Major	
SUPPORTING RECORD 3.	Type of Document: hospital certificate of own child's birth	By whom issued and signed: Wardner Hospital, Kellogg, Idaho	Date Issued:	Date Orig. Entry: child born Aug.31,1946
	Date of Birth: Feb.11,1912 / Birth Place: Roberts, Idaho	Full Name of Mother: ———	Name of Father: ———	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 23, 1968

FORM BH 56067 1 cp pd # 13005 3rd form sent 11-21-67 gml. (5)

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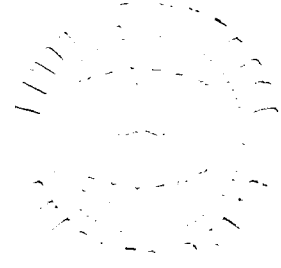

155-229-016-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-092

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Avery			2. Date of Birth (month) August (day) 28 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Hazel	
FATHER	6. Full Name of Father: Aaron Edward Avery			7. State or Country of Father's Birth: Huntington, Utah	
MOTHER	8. Full Maiden Name of Mother: Rillie Hill			9. State or Country of Mother's Birth: Lewisville, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mildred Avery	11. Present Address of Registrant: 200 Hurley Dr.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 11 1968		12. Signature of Notary: Mabel M Fennell	13. Notary Commission expires: April 17 1970	

APPLICANT - (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: The Paul Revere Life Ins. Co.	Date Issued: ----	Date Orig. Entry: Feb.19,1945
	Date of Birth: Aug.28,1912	Birth Place: Hazel, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license affidavit		By whom issued and signed: Jefferson County, Idaho	Date Issued: Nov.16,1967	Date Orig. Entry: Feb.10,1931
	Date of Birth: Age:18	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor who remembers birth		By whom issued and signed: Irene Poulton Owens Age:66	Date Issued: Jan.9,1968	Date Orig. Entry: ----
	Date of Birth: Aug.28,1912	Birth Place: Hazel, Cassia County, Idaho	Full Name of Mother: Rillie Hill	Name of Father: Aaron Edward Avery	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 30, 1968

FORM BH 56067

1 cc paid rec.23804 2nd form sent 12-27-67 gml (M)

JAN 3 1 1968

713-201-030-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-112

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jessie Elizabeth Palmer			2. Date of Birth (month) January (day) 1 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Carmen
FATHER	6. Full Name of Father: Thomas William Palmer			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Wilamina Augusta Roske			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jessie E. Beresland		11. Present Address of Registrant: Moore, Idaho 83255
NOTARY (Seal)	Subscribed and sworn to before me on: November 20 1967	12. Signature of Notary: Bernice E. Pate		13. Notary Commission expires: 4/12 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #236111		Date Issued: -----	Date Orig. Entry: child born Sept.30,1935
	Date of Birth: Age 23	Birth Place: Carma, Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records, Dist. #16	By whom issued and signed: Lemhi County recorder's Office		Date Issued: Nov.6,1967	Date Orig. Entry: Oct.4,1926
	Date of Birth: Jan.1,1912	Birth Place: -----	Full Name of Mother: Minnie Palmer	Name of Father: Thomas Palmer	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor	By whom issued and signed: Jennie Sellars Wells Age:72		Date Issued: Jan.22,1968	Date Orig. Entry: ----
	Date of Birth: Jan.1,1912	Birth Place: Carmen, Idaho	Full Name of Mother: Wilamina A. Roske Palmer	Name of Father: Thomas W. Palmer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	hh gml Glenda Larson	Feb. 1, 1968

FORM BH 56067

(B) 10-20-67 gml

FEB 1 1968

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Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-180
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Lavina Dirk
2. Date of Birth (month) (day) (year): April 17 1912
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Blaine; b. City or Town of Birth: Carey, Idaho

FATHER

6. Full Name of Father: Jessie Solomon Dirk
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Fanny May Shoemaker
9. State or Country of Mother's Birth: Pennsylvania

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret L Pobraza
11. Present Address of Registrant: Bernville, R.D.#2, Pa.

NOTARY (Seal)

Subscribed and sworn to before me on: January 31 1968

12. Signature of Notary: Naomi F. Freese, Bernville, Berks County, Pa.
13. Notary Commission expires: February 28 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for social security #202-09-6989	Social Security Adm. Treasury Department	-----	Apr. 29, 1938
Class*	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.17,1912 / Carey, Idaho	Fanny May Shoemaker	Jesse Solomon Dirk	
SUPPORTING RECORD 2.	Federal census record	U.S. Department of Commerce Bureau of the Census	Dec.7,1967	Apr.1,1930
Class	Age 18 / Idaho	----	----	
SUPPORTING RECORD 3.	Affidavit by father	Jesse S. Dirk	June 27,1955	----
Class	Apr.17,1912 / Carey, Idaho	Fanny May Hunnsinger Dirk	Jesse S. Dirk	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

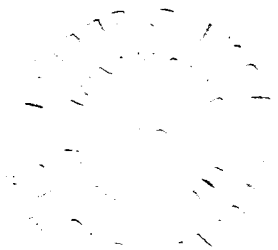
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: Glenda Larson
Date Filed: Feb. 15, 1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PBH #0067

FEB 27 1968



851-230-046-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-188

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verna Pheobie Yearsley			2. Date of Birth (month) March (day) 30 (year) 1912
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: John Henry Yearsley			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Eva Lounsbury			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Verna Pochlar		11. Present Address of Registrant: 67 Berkeley Dr.
NOTARY (Seal)	Subscribed and sworn to before me on: January 11 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: September 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 224524	Date Issued: -----	Date Orig. Entry: child born Aug 31,1934
	Date of Birth: Age 22	Birth Place: Albion, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy L 356395 J		By whom issued and signed: Business Men's Assurance Co.	Date Issued: Oct.4.1945	Date Orig. Entry: Oct.4,1945
	Date of Birth: Mar.30,1912	Birth Place: ----	Full Name of Mother: --------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Application for marriage		By whom issued and signed: (recorder) Ada County-Stephen Utter,	Date Issued: ----	Date Orig. Entry: July 5,1928
	Date of Birth: Age 16	Birth Place: Idaho	Full Name of Mother: Eva Lounsbury Yearsley	Name of Father: John Henry Yearsley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
w.w.Benson	fc Florence Curtright	Feb.20,1968

FORM BH 56067

1-11-68

Forbes

FEB 27 1968

437-224-025-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-200

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irma Marie McPherson			2. Date of Birth (month) Oct. (day) 24, (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Clearwater, Idaho
FATHER	6. Full Name of Father: James McPherson			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Harriet Olive Straugh			9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irma Marie Newland		11. Present Address of Registrant: Star Rte Kooskia, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 8 1968	12. Signature of Notary: J. F. Nielsen		13. Notary Commission expires: April 1, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: State File #250331	Date Issued: ---	Date Orig. Entry: child born Nov. 2, 1936
	Date of Birth: Age: 24	Birth Place: Clearwater, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Cradle Roll Certificate		By whom issued and signed: Clearwater Bible School, Alfred Segsworth, Pastor	Date Issued: Mar. 28, 1915	Date Orig. Entry: Mar. 28, 1915
	Date of Birth: Oct. 24, 1912	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of family Bible record		By whom issued and signed: Family Bible Record	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Oct. 24, 1912	Birth Place: ---	Full Name of Mother: Harriett Olive Straugh	Name of Father: James McPherson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Feb. 23, 1968

FORM BH 56067

1-30-68

FEB 23 1968

165-209-009-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-201

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LORENE EVELYN JONES			2. Date Of Birth (month) (day) (year): OCTOBER 9 1912
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: DOVER IDAHO BONNER	b. City or Town of Birth: DOVER, IDAHO (NEAR SANDPOINT COUNTY SEAT)
FATHER	6. Full Name of Father: WILLIAM HENRY JONES			7. State or Country of Father's Birth: MISSOURI - USA
MOTHER	8. Full Maiden Name of Mother: ELSIE BELLE BLISH			9. State or Country of Mother's Birth: WISCONSIN USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorene E. Harrison		11. Present Address of Registrant: 117 W. 15th AVE
NOTARY (Seal)	Subscribed and sworn to before me on: February 12, 1968	12. Signature of Notary: Phyllis J. Beeker		13. Notary Commission expires: December 20, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Elsie Belle Jones (nee Blish)	Date Issued: Jan.31,1968	Date Orig. Entry: ----
	Date of Birth: Oct.9,1912	Birth Place: Dover, Idaho Bonner County	Full Name of Mother: Elsie Belle Blish Jones	Name of Father: William H. Jones	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage record		By whom issued and signed: King County, Washington County Recorder's Office	Date Issued: Feb.5,1968	Date Orig. Entry: Aug.3,1936
	Date of Birth: Age: 23	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Hospital certificate of own child's birth		By whom issued and signed: Sacred Heart Hospital, Spokane Washington	Date Issued: ----	Date Orig. Entry: child born Mar.11,1950
	Date of Birth: Oct.9,1912	Birth Place: Dover, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Feb. 23, 1968

FORM BH 56067

1st Amended #26113

1-18-61

FEB 23 1968

253-230-001-995

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-207

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Virginia Mildred Ketchen
2. Date of Birth (month) (day) (year): 9 - 30 - 1912
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Ada
b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: John Ketchen
7. State or Country of Father's Birth: Scotland

MOTHER

8. Full Maiden Name of Mother: Christine Marie Riede
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mildred K. Davis
11. Present Address of Registrant: 819 So. 10th Ave, Caldwell, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 15 1968
12. Signature of Notary: Vletta Lowe
13. Notary Commission expires: Feb 1 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Christine Ketchen	Sept.18,1939	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.30,1912	Boise, Idaho	Christine Marie Riede	John Ketchen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notorized School Record	City Boise Independent School District	Feb.19,1968	Attended 1918-19

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.30,1912	----	------	John Ketchen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	St. Alphonsus-Medical Records	2-20-68	Patient May 12, 1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.30,1912	Idaho	--------	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

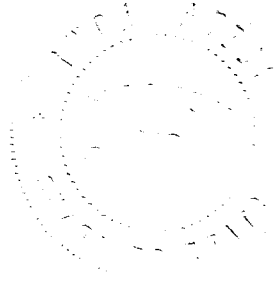
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 26, 1968

FORM BH 56067

2-13-61

FEB 28 1968



364-220-043-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-224

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Talitha Combs		2. Date of Birth (month) (day) (year): September 20, 1912
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Valley; b. City or Town of Birth: Cascade, Idaho
FATHER	6. Full Name of Father: Roy Combs		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Verna Lillian McKie		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Barnes	11. Present Address of Registrant: Route 2, Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 27 1967	12. Signature of Notary: [signature]	13. Notary Commission expires: July 20 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Walter Knox Memorial Hospital Emmett, Idaho	Date issued: May 23,1967	Date Orig. Entry: May 1962
	Date of Birth: Sep.20,1912	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Insurance policy #21550	By whom issued and signed: Old West Life Ins. Co., Boise, Idaho	Date issued: Feb.19,1960	Date Orig. Entry: Jan.19,1960
	Date of Birth: Sep.20,1912	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age: 70	By whom issued and signed: Lora M. Hill	Date issued: Jan.11,1968	Date Orig. Entry: ----
	Date of Birth: Sep.20,1912	Birth Place: rural Round Valley, Ida. (20 Mi.So.Cascade)	Full Name of Mother: Verna Combs	Name of Father: Roy Combs

QUALIFYING INFORMATION: Own child's birth certificate on file Idaho #383933 for child born December 24,1943. ~~Gives age of Eva Combs as 31 years and her birthplace as Cascade, Idaho.~~

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 1,1968

K FORM BH 56067 ~~no search made~~ 2 cps pd no. #17656 (G) 9-20-67 [illegible]

MAR 4 1968

893-228-043-262

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-236

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ellen Susanna Hillberg
2. Date of Birth (month) 9 (day) 28 (year) 1912
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Valley; b. City or Town of Birth: Norwood Idaho

FATHER

6. Full Name of Father: Isaac Hillberg
7. State or Country of Father's Birth: Harma, Finland

MOTHER

8. Full Maiden Name of Mother: Wendla Kokila
9. State or Country of Mother's Birth: Ylistaro Finland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ellen S. Paananen
11. Present Address of Registrant: 5720 Wymosa Ln. Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 2-10 1968

12. Signature of Notary: George E. Lasey
13. Notary Commission expires: 4-22 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of the Hillberg family	By whom issued and signed: John W. Kangas Age 68	Date Issued: Feb.17,1968	Date Orig. Entry: ----
	Date of Birth: Sep.28,1912 / Birth Place: Norwood, Idaho	Full Name of Mother: Wendla Kukila	Name of Father: Isaac Hillberg	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #NFNP-67950-51U	By whom issued and signed: United Benefith Life Ins.Co.	Date Issued: Aug.15,1951	Date Orig. Entry: Aug.15,1951
	Date of Birth: Age 38 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #297793	Date Issued: ----	Date Orig. Entry: child born July 6,1940
	Date of Birth: Age 27 / Birth Place: Norwood, Idaho	Full Name of Mother: - ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	hh Glenda Larson	March 4, 1968

FORM BH 56067 ICC pd - Rec #28402 3-27-62

MAR 4 1968

463-101-028-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-256

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Johnnie Horton Mottern			2. Date of Birth (month) 10 (day) 1 (year) 1912	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Plummer	
FATHER	6. Full Name of Father: Edwin Lockwood Mottern			7. State or Country of Father's Birth: Tennessee	
MOTHER	8. Full Maiden Name of Mother: Ella May Cavenaugh			9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Johnnie H Mottern	11. Present Address of Registrant: 1926 Center St. Maries, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 21 1968		12. Signature of Notary: Jack Mattern	13. Notary Commission expires: Sept 25 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #2210		By whom issued and signed: State of Washington Bureau of Vital Statistics	Date Issued: Feb.20,1968	Date Orig. Entry: child born Oct.15,1939
	Date of Birth: Age 27	Birth Place: Plummer, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license and certificate		By whom issued and signed: Shoshone County file #183152 Idaho	Date Issued: Jan.12,1968	Date Orig. Entry: Feb.14,1961
	Date of Birth: Age 48	Birth Place: Plummer, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #10 890 834		By whom issued and signed: New York Life Ins. Co.	Date Issued: Dec.16,1929	Date Orig. Entry: Nov.26,1929
	Date of Birth: Oct.1,1912	Birth Place: Plummer, Idaho	Full Name of Mother: Ella M. Mottern	Name of Father: Edwin L. Mottern	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 7, 1968

FORM BH 56067

1 copy paid 5-11-62

MAR 8 1968

731-108-005-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68=261

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank David Platner		2. Date Of Birth (month) (day) (year): 3 - 8 - 12
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Benewah; b. City or Town of Birth: St Maries
FATHER	6. Full Name of Father: Roy Milton Platner		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mamie Platner		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank David Platner	11. Present Address of Registrant: Soda Springs Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 26 1968	12. Signature of Notary: Dora Kremer	13. Notary Commission expires: Oct. 18 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of honorable discharge		By whom issued and signed: U.S. Army, P.J.Larrick,Major Air Corps	Date Issued: Dec.7,1945	Date Orig. Entry: inducted Mar.16,1942
	Date of Birth: Mar.8,1912	Birth Place: St.Maries, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Benewah County, Idaho, School Dist. #9	Date Issued: Jan.8,1968	Date Orig. Entry: Sept.18,1919
	Date of Birth: Age: 7	Birth Place: ----	Full Name of Mother: ----	Name of Father: R. M. Platner	
SUPPORTING RECORD 3.	Type of Document: federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Feb.8,1968	Date Orig. Entry: Apr. 1,1930
	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: Mammie Platnor	Name of Father: Roy Platnor	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	March 8, 1968

FORM BH 56067

1 Cp pd rec # 2 705

12-6-66

MAR 8 1968

361-212-007-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-287

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANNIE Elizabeth COATES	2. Date Of Birth (month) Sept. (day) 12, (year) 1912
	3. Color or Race: CAU. 4. Sex: F. 5. Place of Birth a. County: BLAINE	b. City or Town of Birth: CAREY,
FATHER	6. Full Name of Father: JUSTIN Arthur COATES	7. State or Country of Father's Birth: Mount Pleasant, Utah
MOTHER	8. Full Maiden Name of Mother: ANNIE ELVINA FARNWORTH	9. State or Country of Mother's Birth: MOUNT PLEASANT, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Annie E. Coates
		11. Present Address of Registrant: 6 EAST JUNIPER Flagstaff, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 23 1968	12. Signature of Notary: Josephine H. Bobbitt
		13. Notary Commission expires: My Commission Expires Oct. 7, 1970 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #208918	Date Issued: ----	Date Orig. Entry: child born Dec.3,1932
	Date of Birth: Age: 20 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Church certificate of birth	By whom issued and signed: LDS Church, Carey Ward Records of Members #9490	Date Issued: Mar.8,1968	Date Orig. Entry: July 6,1913
	Date of Birth: Sep.12,1912 / Birth Place: Carey, Blaine County, Idaho	Full Name of Mother: Annie E. Farnworth	Name of Father: Justin A. Coates	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #L-6816	By whom issued and signed: American Home Mutual Life Ins. Co., Boise, Idaho	Date Issued: Aug.17,1960	Date Orig. Entry: Aug.17,1960
	Date of Birth: Sept.12,1912 / Birth Place: ----	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	March 15, 1968

K

FORM BH 56067 NM.

RUSH (S) 3-13-68 gml

MAR 15 1968

168-118-032-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-382

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oliver Findlay Johnson			2. Date of Birth (month) (day) (year): December 18, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Marley
FATHER	6. Full Name of Father: Lawerence Ive Johnson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Findlay			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Oliver F. Johnson		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: April 9 1968	12. Signature of Notary: Faye Shumway		13. Notary Commission expires: Nov. 2 1969

((APPLICANT— DO NOT WRITE BELOW THIS LINE))

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, John F.Giles Provo 1st Ward	Date Issued: ----	Date Orig. Entry: baptized Sept.18,1921	
	Date of Birth: Dec.18,1912	Birth Place: Marley, Idaho Lincoln County	Full Name of Mother: Sarah Ann Findley	Name of Father: Lawrence J. Johnson	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: child born in Provo, Utah	Date Issued: ----	Date Orig. Entry: child born Oct.8,1946	
	Date of Birth: Age: 33	Birth Place: Morley, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: California-Western States Life Ins. Co.,Sacramento,Cal.	Date Issued: ----	Date Orig. Entry: Mar.29,1957	
	Date of Birth: Dec.18,1912	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Jensen	Evidence reviewed by: gml Glenda Larson	Date Filed: April 11, 1968

FORM BH 56067

1 copy paid rec.30849 (J) 4-3-68 gml

ROSH

APR 12 1968

659-228-014-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-383

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Margaret Weir (I attended school at Roswell Public School, and was known there as "Betty Weir")			2. Date of Birth (month) October (day) 28th (year) 1912	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: Near Roswell a. County: Canyon	b. City or Town of Birth: Near Roswell, Idaho.	
FATHER	6. Full Name of Father: Robert Weir			7. State or Country of Father's Birth: United States	
MOTHER	8. Full Maiden Name of Mother: Letha M. Hatch			9. State or Country of Mother's Birth: United States	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Margaret Weir		11. Present Address of Registrant: R#3. Parma, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 12th 19 67	12. Signature of Notary: Ernest Anderson		13. Notary Commission expires: March 19th 19 70	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Mar.8,1968	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Letha Mary Weir	Name of Father: Robert Weir, Jr.	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend & neighbor at time of birth	By whom issued and signed: Eva Elizabeth Robinson Age:88		Date Issued: Oct.4,1967	Date Orig. Entry: -----
	Date of Birth: Oct.28,1912	Birth Place: near Roswell, Canyon County, Idaho	Full Name of Mother: Letha M. Weir	Name of Father: Robert Weir	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Canyon County, Idaho Dist. No. 46		Date Issued: Oct.5,1967	Date Orig. Entry: 1920
	Date of Birth: Age: 7	Birth Place: ------	Full Name of Mother: -----	Name of Father: Robert Weir	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson		Date Filed: April 15,1968	

FORM BH 56067

I use the issued 920

7-15-64

APR 15 1968

355-207-031-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-444

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ~~X~~ GEORGIA ALICE ~~MARON~~ Treadwell		2. Date Of Birth (month) MARCH (day) 7 (year) 1912	
	3. Color or Race: CAU.	4. Sex: FEMALE	5. Place of Birth a. County LEWIS: CRAIGMONT IDAHO	b. City or Town of Birth: CRAIGMONT
FATHER	6. Full Name of Father: GEORGE MARVIN TREADWELL		7. State or Country of Father's Birth: ARKANSAS	
MOTHER	8. Full Maiden Name of Mother: FLORENCE ALICE PRESNELL		9. State or Country of Mother's Birth: NORTH CAROLINA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgia Myron	11. Present Address of Registrant: 2023 K. AVE ANACORTES, WN. 98221	
NOTARY (Seal)	Subscribed and sworn to before me on: MARCH 8, 1968	12. Signature of Notary: [signature]	13. Notary Commission expires: FEB 7, 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

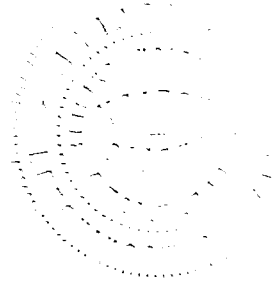
SUPPORTING RECORD 1.	Type of Document: Affidavit by brother		By whom issued and signed: Lloyd Roscoe Treadwell (bd.4-11-1899)	Date Issued: Mar.8,1968	Date Orig. Entry: -----
	Date of Birth: Mar.7,1912	Birth Place: Craigmont, Idaho	Full Name of ~~Mother~~ father: George Marvin Treadwell	Name of ~~Father~~ mother: Florence Alice Presnell	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #518-32-7490		By whom issued and signed: Treasury Department	Date Issued: Dec.2,1948	Date Orig. Entry: Dec.2,1948
	Date of Birth: Mar.7,1912	Birth Place: Craigmont, Idaho Lewis County	Full Name of Mother: Florence Alice Presnell	Name of Father: George Marvin Treadwell	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: The Swedish Mospital Medical Center, Seattle, Wash.	Date Issued: Mar.13,1968	Date Orig. Entry: Apr.19,1961
	Date of Birth: Mar.7,1912	Birth Place: Idaho	Full Name of Mother: Florence Presnell	Name of Father: George Treadwell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 24, 1968

FORM BH 56067

Myron

APR 24 1968



515-209-001-318

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-506
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: UNA MARINE VAN DUYN
2. Date of Birth (month) (day) (year): FEBRUARY 9 1912
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: HOME ADA
b. City or Town of Birth: BOISE, IDAHO

FATHER

6. Full Name of Father: EZRA MILLARD VAN DUYN
7. State or Country of Father's Birth: JERSEYVILLE, ILLINOIS

MOTHER

8. Full Maiden Name of Mother: EDITH TAYLOR
9. State or Country of Mother's Birth: PUEBLO, COLORADO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Una Marine Van Duyn (Mrs.)
11. Present Address of Registrant: 65-SE 12 Ave. Beaverton Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: March 13 1968
12. Signature of Notary: Elaine Kjelmyr
13. Notary Commission expires: My Commission Expires Jan. 23, 1972 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Statement regarding school records
By whom issued and signed: Nampa Senior High School, Nampa, Idaho, Mrs. Showalter, Reg.
Date Issued: Jan. 17, 1968
Date Orig. Entry: graduated May 29, 1930
Date of Birth: Feb. 9, 1912
Birth Place: ------
Full Name of Mother: ----
Name of Father: E. M. Van Duyn
Class*

SUPPORTING RECORD 2.

Type of Document: Statement regarding church records
By whom issued and signed: 1st Christian Church, Nampa, Mrs. Melvin Terry, Secty.
Date Issued: Jan. 31, 1968
Date Orig. Entry: baptized Apr. 3, 1929
Date of Birth: Feb. 9, 1912
Birth Place: Boise, Idaho
Full Name of Mother: Edith Taylor Van Duyn
Name of Father: Ezra Millard Van Duyn
Class

SUPPORTING RECORD 3.

Type of Document: certified copy of own child's birth certificate #72
By whom issued and signed: State of Washington Bureau of Vital Statistics
Date Issued: Dec. 13, 1963
Date Orig. Entry: child born July 2, 1941
Date of Birth: Age: 29
Birth Place: Boise, Idaho
Full Name of Mother: ----
Name of Father: -----
Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: gml Glenda Larson
Date Filed: May 21, 1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 NM.

(E) 4-26-68 mp

JUN 3 1968

296-22-022-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-562

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Leona Brown
2. Date of Birth (month) (day) (year): January 22 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Ashton, Idaho

FATHER

6. Full Name of Father: Charles Irvan Brown
7. State or Country of Father's Birth: Stromsberg, Nebraska

MOTHER

8. Full Maiden Name of Mother: Mary Louise Crabb
9. State or Country of Mother's Birth: St. Anthony, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Leona Brown
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on June 1 1964

12. Signature of Notary: John M. Schmitt

13. Notary Commission expires: March 1 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Mary Louise Crabb Brown	Nov.27,1964	----
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Jan.22,1912 / Ashton, Idaho	Mary Louise Crabb Brown	Charles Irvan Brown	
SUPPORTING RECORD 2.	photocopy of application for social security #519-26-9123	Social security administration	---	May 24,1944
	Jan.22,1912 / Fremont County Ashton, Idaho	Mary Louise Crabb	Charles Irvan Brown	
SUPPORTING RECORD 3.	photocopy of application for insurance policy 14,941-2P	Pacific Empire Mutual Life Ins. Co., Lewiston, Idaho	June 9,1959	June 9,1959
	Jan.22,1912 / ----	----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	June 6, 1968

FORM BH 56067

1 cp pd rec # 7178

S-1-3-65 gml

JUN 6 1968

849-22-035-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-567

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viola Mildred Quiggle			2. Date Of Birth (month) 1 (day) 22 (year) 12	
	3. Color or Race: white	4. Sex: f	5. Place of Birth: home a. County: Nezperce	b. City or Town of Birth: Reubens, Idaho	
FATHER	6. Full Name of Father: Robert William Quiggle			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Janet Ross			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola Mildred Quiggle		11. Present Address of Registrant: 615 S. ADAMS. MOSCOW, IDA	
NOTARY (Seal)	Subscribed and sworn to before me on: May 17 1968	12. Signature of Notary: Wm. B. Kyle Wagner		13. Notary Commission expires: Sept 26. 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #270757		Date Issued: -----	Date Orig. Entry: child born Aug.27,1938
	Date of Birth: Age: 26	Birth Place: Reubens, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #519-14-6441	By whom issued and signed: Social Security Adm.		Date Issued: ____	Date Orig. Entry: Mar.26,1940
	Date of Birth: Jan.22,1912	Birth Place: Reubens, Idaho	Full Name of Mother: Janet Ross	Name of Father: Robert William Quiggle	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage return #184	By whom issued and signed: Asotin County Auditor's office Washington		Date Issued: Apr.26,1968	Date Orig. Entry: Nov.17,1934
	Date of Birth: Age: 22	Birth Place: Rubens, Idaho	Full Name of Mother: Janet Ross	Name of Father: Robert W. Quiggle	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barson	Glenda Larson	June 11, 1968

FORM BH 56067

JUN 1 8 1968

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556716-001-491

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-578

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROLAND J. ENOCHS		2. Date of Birth (month) AUG. (day) 16 (year) 1912
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BOISE ADA; b. City or Town of Birth: BOISE
FATHER	6. Full Name of Father: OLIVER JOE ENOCHS		7. State or Country of Father's Birth: INDIANA
MOTHER	8. Full Maiden Name of Mother: PAULINE DRAMBERGER		9. State or Country of Mother's Birth: AUSTRIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roland J. Enochs.	11. Present Address of Registrant: Bx. 132 CARMEL CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 19 68	12. Signature of Notary: [signature]	13. Notary Commission expires: June 30 19 70

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of discharge record filed Monterey Co., Cal.		By whom issued and signed: U.S.Army, Paul K.Dean, Major AC, Camp Beale, Calif.	Date issued: discharged Jan.1,1946	Date Orig. Entry: inducted Apr.1,1944
	Date of Birth: Aug.16,1912	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopies of school records		By whom issued and signed: Salinas High School, Calif. Betty Gularte, Registrar	Date issued: May 8,1968	Date Orig. Entry: Aug. 1926
	Date of Birth: Aug.16,1912	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: Oliver Enochs	
SUPPORTING RECORD 3.	Type of Document: pages from Family Bible		By whom issued and signed: Family Bible Records	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Aug.16,1912	Birth Place: ----	Full Name of Mother: Pauline Enochs	Name of Father: Oliver Enochs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 11, 1968

FORM BH 56067

1CP [illegible] 4-29-61

JUN 1 1 1968

553-229-033-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-581

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie LaVerda Nelson			2. Date of Birth (month) April (day) 29 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Madison	b. City or Town of Birth: Archer
FATHER	6. Full Name of Father: Albert Nelson			7. State or Country of Father's Birth: Weston, Idaho
MOTHER	8. Full Maiden Name of Mother: Grace Smith			9. State or Country of Mother's Birth: Richmond, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie N. Earl		11. Present Address of Registrant: 3186 So. 650 West Bountiful, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 19 68	12. Signature of Notary: Mary Smith		13. Notary Commission expires: June 25 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neigbor of family at time	By whom issued and signed: Myrtle A. Clay Age:74		Date Issued: May 31,1968	Date Orig. Entry: -----
	Date of Birth: Apr.29,1912	Birth Place: Archer, Madison County, Idaho	Full Name of Mother: Grace Smith	Name of Father: Albert Nelson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Archer Ward, Herb J. Williams, Clerk		Date Issued: ----	Date Orig. Entry: baptized July 16,1921
	Date of Birth: Apr.29,1912	Birth Place: Archer, Idaho	Full Name of Mother: Grace Smith	Name of Father: Albert Nelson	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #3-26-13888	By whom issued and signed: Beneficial Protective Assoc. Pocatello, Idaho		Date Issued: June 26, 1939	Date Orig. Entry: June 26,1939
	Date of Birth: Apr.29,1912	Birth Place: Archer, Idaho	Full Name of Mother: Grace Nelson	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	June 13, 1968

FORM BH 56067

Searched - no Record

JUN 13 1968

864-227-014-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-588

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Hodgson		2. Date Of Birth (month) Sept. (day) 27 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Notus
FATHER	6. Full Name of Father: Lester Elwood Hodgson		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Ida Peterson		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Helen Suter	11. Present Address of Registrant: Rt. 1 Wilder Idaho
NOTARY (Seal)	Subscribed and sworn to before me on June 4 1968	12. Signature of Notary: Walter Fry, Clerk of Dist. Court By Lavona Day Ce Deputy	13. Notary Commission expires 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #191123	Date Issued: ----	Date Orig. Entry: child born May 16,1931
	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage record		By whom issued and signed: County Recorder's Office, Canyon County, Idaho	Date Issued: June 4,1968	Date Orig. Entry: Oct.26,1956
	Date of Birth: Age: 44	Birth Place: Notus, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family at time		By whom issued and signed: Howard T. Pennington Age:67	Date Issued: June 3,1968	Date Orig. Entry: -----
	Date of Birth: Sep.27,1912	Birth Place: Notus, Idaho	Full Name of Mother: Ida Peterson Hodgson	Name of Father: Lester E. Hodgson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	June 13, 1968

FORM BH 56067

5-31-68

Childs cert # 17123
Suter

JUN 13 1968

413-230-034-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-601

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rena Dallolio		2. Date of Birth (month) January (day) 30 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Minidoka; b. City or Town of Birth: Rupert (rural)
FATHER	6. Full Name of Father: Stefano Dallolio (Stephen)		7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Maria Munari		9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rena Aspon	11. Present Address of Registrant: 601-W.-25th Dr. Burley Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 8 1968	12. Signature of Notary: Gary Olson	13. Notary Commission expires: 4-20 1968

((APPLICANT—DO NOT WRITE BELOW THIS LINE))

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #264263	Date issued: ----	Date Orig. Entry: child born Feb.1,1938
	Date of Birth: Age: 26	Birth Place: (Jackson Dist.) Rupert	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: certified copy of application for marriage license	By whom issued and signed: Minidoka County recorder's office, Idaho	Date issued: May 23,1968	Date Orig. Entry: June 8,1936
	Date of Birth: Age: 24	Birth Place: -----	Full Name of Mother: -----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Minidoka County Schools, Rupert Doyle Lowder, Clerk	Date issued: May 11,1967	Date Orig. Entry: 1929
	Date of Birth: Jan.30,1912	Birth Place: Rupert, Idaho	Full Name of Mother: Maria Munari Dallolio	Name of Father: Stefano Dallolio

QUALIFYING INFORMATION

Baptismal Certificate issued by Roman Catholic Church, St.Nicholas, Rupert on April 22, 1968 shows that registrant was baptized on Jan.19,1929 and born on January 30,1912 in Rupert, Idaho to Maria Munari and Stephen Dallolio.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Berson	gml Glenda Larson	June 20, 1968

FORM BH 56067

1 ID pd res #18378 (A) 6-6-68 gml

JUN 20 1968
JUN 15 2004

719-125 C032-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-723

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LESTER NEWTON PARKER		2. Date Of Birth (month) 12 (day) 25 (year) 1912
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Lincoln County; b. City or Town of Birth: Richfield
FATHER	6. Full Name of Father: FRANKLIN LEROY PARKER		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: MAGGIE PEARL DAVIS		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lester N. Parker	11. Present Address of Registrant: Homedale
NOTARY (Seal)	Subscribed and sworn to before me on: July 22 1968	12. Signature of Notary: Richard B. Eisin	13. Notary Commission expires: June 2 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 55-8507	Date issued: ---	Date Orig. Entry: child born July 13, 1955
	Date of Birth: Age 42	Birth Place: Richfield, Ida.	Full Name of Mother: -----	Name of Father: - ------
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Dec.25,1912	Birth Place: Richfield,Ida.	Full Name of Mother: Maggie Pearl Davis	Name of Father: Franklin LeRoy Parker
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #4000709	By whom issued and signed: Occidental Life Ins. Co. of California	Date issued: Mar.3,1958	Date Orig. Entry: Feb. 20, 1958
	Date of Birth: Dec.25,1912	Birth Place: Richfield, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	fc Glenda Larson	July 31, 1968

FORM BH 56067

1 cp pd rec # 35787

2-9-67

JUL 31 1968

1-1 866-206-022-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-757

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie Christine Hoffman		2. Date of Birth (month) (day) (year): March 6 1912
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Independence
FATHER	6. Full Name of ~~Father~~ Mother: Laura Melinda Alvey		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of ~~Mother~~ Father: Christian Henry Hoffman		9. State or Country of Mother's Birth: Denmarck
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Minnie C. McGrew	11. Present Address of Registrant: 7781 Reno Lane Citrus Heights Calif. 95610
NOTARY (Seal)	Subscribed and sworn to before me on: August 7 1968	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: (Elder) L.D.S. Church -Chas.R. Thomason	Date Issued: May 5, 1912	Date Orig. Entry: Blessed May 5, 1912
	Date of Birth: Mar.6,1912	Birth Place: Independence	Full Name of Mother: Laura Melinda Alvey	Name of Father: Christian HenryHoffman	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 230592	Date Issued: ---	Date Orig. Entry: child born Mar.25,1935
	Date of Birth: Age 23	Birth Place: Independence, Ida.	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Drivers License		By whom issued and signed: #M281614 State of California	Date Issued: Feb.19,1964	Date Orig. Entry: Feb. 1961
	Date of Birth: Mar.6,1912	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	August 7, 1968

FORM BH 56067

AUG 9 1968

236-21210 14-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-770

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Naomi Kloepfer		2. Date of Birth (month) June (day) 12 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Nampa, Idaho
FATHER	6. Full Name of Father: Henry Phillip Kloepfer		7. State or Country of Father's Birth: Cache County Utah
MOTHER	8. Full Maiden Name of Mother: Clarrissa Alzina Brown		9. State or Country of Mother's Birth: Cache County Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Naomi K. Roberts	11. Present Address of Registrant: Rt. # 6 Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 19 67	12. Signature of Notary: G N Baltzar	13. Notary Commission expires: 9-9- 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S. Church-Arthur Norton	Date Issued: Apr.29,1968	Date Orig. Entry: Blessed July 18, 1912
	Date of Birth: June 12,1912	Birth Place: Nampa, Idaho	Full Name of Mother: Clarrissa Alzina Brown	Name of Father: Henry Phillip Kloepfer
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 72	By whom issued and signed: Rachael K. Gibbs	Date Issued: Mar.2,1968	Date Orig. Entry: ------
	Date of Birth: Jun.12,1912	Birth Place: Nampa, Idaho	Full Name of Mother: Clarrissa Alzina Brown	Name of Father: Henry Phillip Kloepfer
SUPPORTING RECORD 3.	Type of Document: Statement from Hospital	By whom issued and signed: Samaritan Community Hospital	Date Issued: May 16,1967	Date Orig. Entry: admitted Mar.11,1956
	Date of Birth: Jun.12,1912	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: - -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Aug. 27,1968

FORM BH 56067

3-1-67

AUG 27 1968

262-128-040-248

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-833

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William John Koshier		2. Date Of Birth (month) (day) (year): November 28, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Mullan, Idaho-Shoshone; b. City or Town of Birth: Mullan, Idaho
FATHER	6. Full Name of Father: Joseph Koshier		7. State or Country of Father's Birth: Austria
MOTHER	8. Full Maiden Name of Mother: Mary Suhadolnik		9. State or Country of Mother's Birth: Austria
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William John Koshier	11. Present Address of Registrant: E. 102 Longfellow Ave.
NOTARY (Seal)	Subscribed and sworn to before me on: August 21 1968	12. Signature of Notary: Marianna Eberle	13. Notary Commission expires: May 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Church of St.Michael,Mullan, Idaho, Roman Catholic Church		Date Issued: Oct.23,1967	Date Orig. Entry: baptized Dec.24,1912
	Date of Birth: Nov.28, 1912	Birth Place: Mullan, Idaho	Full Name of Mother: Mary Sohodoluk	Name of Father: Joseph Koshier	
SUPPORTING RECORD 2.	Type of Document: Federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Jun.18,1968	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: Joseph Koshier	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage records #A 65488	By whom issued and signed: Spokane County, Washington County Auditor's Office		Date Issued: Mar.19,1968	Date Orig. Entry: June 8,1944
	Date of Birth: Age: 31	Birth Place: Mullan, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

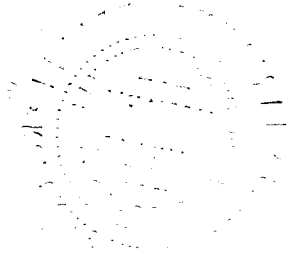
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Sept. 20, 1968

FORM BH 56067

3-15-66

SEP 20 1968



168-115-04-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-841

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LaVALL GWILLIAM JOHNSON			2. Date Of Birth (month) (day) (year): September 15 1912
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Cyrus L. Johnson			7. State or Country of Father's Birth: Springville, Utah
MOTHER	8. Full Maiden Name of Mother: Maude E. Gwilliam			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LaVall Gwilliam Johnson		11. Present Address of Registrant: Route 3, Weiser, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 31 1968	12. Signature of Notary: Freida Strong		13. Notary Commission expires: Aug 10 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #50-999		Date Issued: ----	Date Orig. Entry: child born Jan.14,1950
	Date of Birth: Age: 37	Birth Place: Nampa, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by maternal uncle	By whom issued and signed: F. S. Gwilliam Age: 78		Date Issued: Mar.29,1967	Date Orig. Entry: ----
	Date of Birth: Sep.15,1912	Birth Place: Nampa, Canyon County, Idaho	Full Name of Mother: Maude E. Gwilliam		Name of Father: Cyrus L. Johnson
SUPPORTING RECORD 3.	Type of Document: Duplicate copy of church record	By whom issued and signed: LDS Church, John R. Bates, Nampa II Ward, Weiser Stake		Date Issued: ----	Date Orig. Entry: blessed Sept.23,1912
	Date of Birth: Sept.15,1912	Birth Place: Nampa, Canyon County, Idaho	Full Name of Mother: Maude E. Gwilliam		Name of Father: Cyrus L. Johnson
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Sept.20,1968

FORM BH 56067

4-2-65

SEP 20 1968
NOV 24 2003

493-205-006-614

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-843

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leora Isabelle Millar			2. Date Of Birth (month) (day) (year): January 5 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Shelley, Idaho Bingham	b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: Eterick Millar			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emily Agnes Wadley			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leora Millar Thurman		11. Present Address of Registrant: 391 No. 500 E. Provo, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 9 1968	12. Signature of Notary: Blaine T Anderson		13. Notary Commission expires: 3-6 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Blackfoot Stake, W. J. Mallory, Bishop		Date Issued: ---	Date Orig. Entry: blessed Mar. 3, 1912
	Date of Birth: Jan. 5, 1912	Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Emily Wadley		Name of Father: Eterick Miller
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #51-13973		Date Issued: ---	Date Orig. Entry: child born Nov. 17, 1951
	Date of Birth: Age: 39	Birth Place: Shelley, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: certified abstract of marriage record	By whom issued and signed: County Clerk's Office Cache County, Utah		Date Issued: Mar. 20, 1960	Date Orig. Entry: Apr. 18, 1935
	Date of Birth: Age: 23	Birth Place: ---	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson		Date Filed: Sept. 27, 1968	

FORM BH 56067

8-21-67

OCT 4 1968

693211-028-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-847

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Maybelle Wilcox			2. Date of Birth (month) 6 (day) 11 (year) 1912	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Avery Kootenai	b. City or Town of Birth: Avery	
FATHER	6. Full Name of Father: Herbert F. Wilcox			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Maybelle E. Hollinger			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Fern Maybelle Bueyamer	11. Present Address of Registrant: Three Forks, Montana	
NOTARY (Seal)	Subscribed and sworn to before me on: September 4 19 68		12. Signature of Notary: Norma A. Scott	13. Notary Commission expires: Nov. 1 19 68	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records		By whom issued and signed: Martha Haynes, Co. Supt. of Schools, Gallatin Co, Montana	Date Issued: Sept. 6, 1968	Date Orig. Entry: 1919
	Date of Birth: Jun. 11, 1912	Birth Place: ---	Full Name of Mother: Mabel E. Wilcox	Name of Father: Herbert F. Wilcox	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Maybelle E. Wilcox	Date Issued: Sept. 4, 1968	Date Orig. Entry: ----
	Date of Birth: Jun. 11, 1912	Birth Place: Avery, Idaho	Full Name of Mother: Maybelle E. Wilcox	Name of Father: Herbert F. Wilcox	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage records #13413		By whom issued and signed: Lewis & Clark County, Montana	Date Issued: Aug. 29, 1968	Date Orig. Entry: July 26, 1940
	Date of Birth: Age: 28	Birth Place: Avery, Idaho	Full Name of Mother: Maybelle E. Hollinger	Name of Father: Herbert E. Wilcox	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 1, 1968

FORM BH 56067

F 22-61

OCT 1 1968

968-106-003-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-885

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dean A. Royter		2. Date Of Birth (month) (day) (year): December 6, 1912
	3. Color or Race: white	4. Sex: M	5. Place of Birth: Downey a. County: Bannock b. City or Town of Birth: Downey, Idaho
FATHER	6. Full Name of Father: Charles Albert Royter		7. State or Country of Father's Birth: ~~Richmond~~ Morgan, ~~Cache~~ Morgan Co. Utah
MOTHER	8. Full Maiden Name of Mother: Jennie Vene Stoddard		9. State or Country of Mother's Birth: Richmond, Cache Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dean A. Royter	11. Present Address of Registrant: 821 W. Whitman, Poc. Ida
NOTARY (Seal)	Subscribed and sworn to before me on: November 13, 19 67	12. Signature of Notary: Sara Sasser	13. Notary Commission expires: July 25, 19 69

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Downey Ward, Milo Christensen, Bishop	Date issued: ---	Date Orig. Entry: blessed Feb. 1913
	Date of Birth: Dec.6,1912	Birth Place: Downey, Idaho Bannock County	Full Name of Mother: Jennie Vene Stoddard	Name of Father: Charles Albert Royter	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #239382	Date issued: ---	Date Orig. Entry: child born Jan.20,1936
	Date of Birth: Age: 23	Birth Place: Downey, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Jennie Vene Stoddard Royter	Date issued: Sept.17, 1968	Date Orig. Entry: ----
	Date of Birth: Dec.6,1912	Birth Place: Downey, Idaho	Full Name of Mother: Jennie Vene Stoddard	Name of Father: Charles Albert Royter	
QUALIFYING INFORMATION					

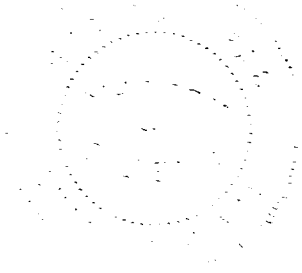
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Oct. 8, 1968

FORM BH 56067 100 pt rec # 25175 (R) 1-8-

OCT 8 1968



466-231-033-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-893

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kathryn Moore			2. Date of Birth (month) (day) (year): August 31, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Sugar City
FATHER	6. Full Name of Father: Alexander Moore			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Amalia Bauer			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kathryn Moore Spreier		11. Present Address of Registrant: Rt. 1, Box 1C Paul, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 11, 1968	12. Signature of Notary: [illegible]		13. Notary Commission expires: Notary Public in and for the State of Idaho residing in Boise, Ada County, Idaho My Commission expires June 2, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records		By whom issued and signed: Minidoka County Schools, Ida. Doyle Lowder, Asst. Supt.	Date Issued: Oct. 31, 1966	Date Orig. Entry: 1918
	Date of Birth: Aug. 31, 1912	Birth Place: Sugar City, Idaho	Full Name of Mother: Molly Bauer Moore	Name of Father: Alexander Moore	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #329754	Date Issued: ----	Date Orig. Entry: child born Dec. 8, 1941
	Date of Birth: Age: 29	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of age from marriage record book 2 pg. 590		By whom issued and signed: Cassia County, Idaho Frank B. Kearnes, Co. Auditor	Date Issued: Jan. 9, 1967	Date Orig. Entry: July 18, 1934
	Date of Birth: Age: 21	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: October 11, 1968

FORM BH 56067 No search made. 1 copy paid Rec. # 7950. (S) 3-11-66

OCT 1 1 1988

263-12-1009-593

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-979

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lawrence Joseph Sochia			2. Date of Birth (month) Aug (day) 12 (year) 1912	
	3. Color or Race: white	4. Sex: m	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Cocolalla	
FATHER	6. Full Name of Father: Theodore Leon Sochia			7. State or Country of Father's Birth: Vermont	
MOTHER	8. Full Maiden Name of Mother: Jeanette Vick			9. State or Country of Mother's Birth: Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lawrence Joseph Sochia		11. Present Address of Registrant: 4546 Garfield Avenue, Carmichael, California	
NOTARY (Seal)	Subscribed and sworn to before me on November 1	12a. Signature of Notary: Laura J. Newman		13. Notary Commission expires: 11 May 19 70	

LAURA J. NEWMAN
Notary Public
Sacramento County
State of California

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Jeanette Vick Sochia Fister		Date Issued: Nov.1,1968	Date Orig. Entry: ----
	Date of Birth: Aug.12,1912	Birth Place: Cocolalla, Idaho Bonner County	Full Name of Mother: Jeanette Vick Sochia Fister	Name of Father: Theodore Leon Sochia	
SUPPORTING RECORD 2.	Type of Document: Statement regarding insurance policy #13,511,445	By whom issued and signed: The Equitable Life Assurance Society		Date Issued: Feb.28,1966	Date Orig. Entry: July 3,1951
	Date of Birth: Aug.12,1912	Birth Place: Idaho	Full Name of Mother: Jeanette E. Fister	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of page From Family Bible	By whom issued and signed: Family Bible Records		Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Aug.12,1912	Birth Place: ---	Full Name of Mother: Jeanette Vick	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Nov.19, 1968

FORM BH 56067

10-29-68

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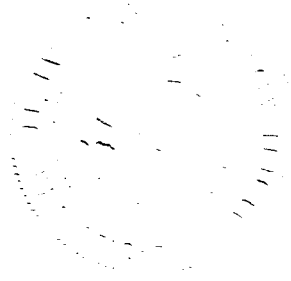


852-219-028-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1045

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARIAN LAURA HESTON			2. Date of Birth (month) AUG. (day) 19 (year) 1912
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: ST. MARIES, IDAHO KOOTENAI	b. City or Town of Birth: ST. MARIES, IDAHO
FATHER	6. Full Name of Father: ARTHUR CLEVELAND HESTON			7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: JENNY HOLTZ			9. State or Country of Mother's Birth: U.S.A
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on ____ 19 68		10. Signature of Registrant: Marian MacLaren / Marian MacLaren	11. Present Address of Registrant: 825 BALBOA CT. SAN DIEGO
NOTARY (Seal)	SHARON K. DAUBER NOTARY PUBLIC Principal Office, San Diego Co., Calif.		12. Signature of Notary: Sharon K. Dauber	13. Notary Commission expires: SHARON K. DAUBER My Commission Expires August 3, 1969 19 ____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U.S.Department of Commerce Bureau of the Census	Date Issued: Apr.13,1966	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Transcript of school record		By whom issued and signed: University of Washington, Seattle, Wash.	Date Issued: -----	Date Orig. Entry: June 19,1935
	Date of Birth: Aug.19,1912	Birth Place: St.Mary's, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by step-sister (bd.11-6-1900)		By whom issued and signed: Oowala Falvey	Date Issued: Aug.9,1968	Date Orig. Entry: ----
	Date of Birth: Aug.19,1912	Birth Place: St.Maries, Idaho	Full Name of Mother: Jenny Holtz Heston	Name of Father: Arthur Cleveland Heston	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	hh Glenda Larson	Dec. 12, 1968

FORM BH 56067

DEC 12 1968
JAN 31 1973

695206-009-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-020

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Mildred Fields			2. Date of Birth (month) April (day) 6 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Clark Fork
FATHER	6. Full Name of Father: Charles Edgar Fields			7. State or Country of Father's Birth: Jasper Co., Illinois
MOTHER	8. Full Maiden Name of Mother: Hattie Maud Murphy			9. State or Country of Mother's Birth: Jasper Co., Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie Mildred Fields		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on January 4 1969	12. Signature of Notary: Raymond Howe		13. Notary Commission expires ____ 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: Alma Le Fever, County Clerk Newton, Illinois	Date Issued: Nov.29,1968	Date Orig. Entry: child born Mar.17,1932
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle Age:79		By whom issued and signed: Roy Merritt Murphy	Date Issued: Jan.4,1969	Date Orig. Entry: ---
	Date of Birth: Apr.6,1912	Birth Place: Clark Fork, Idaho	Full Name of Mother: Hattie Maud Murphy Fields	Name of Father: Charles Edgar Fields	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of Baptism		By whom issued and signed: George Birch, Minister	Date Issued: -----	Date Orig. Entry: baptized Oct.5,1930
	Date of Birth: Apr.6,1912	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Larson	gml Glenda Larson	Jan. 20, 1969

FORM BH 56067

JAN 21 1969

785-131-044-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-097

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Samuel Linden Preston			2. Date Of Birth (month) May (day) 31, (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Richard Huston Preston			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Anna Belle Denny Preston			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Samuel L. Preston		11. Present Address of Registrant: Midvale, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 16, 1969	12. Signature of Notary: May Collins		13. Notary Commission expires: June 3, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #231000	Date Issued: ----	Date Orig. Entry: child born Jan. 23, 1935
	Date of Birth: Age: 22	Birth Place: Midvale, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Weiser, Ward, C. M. Jensen, Clerk	Date Issued: Apr. 4, 1925	Date Orig. Entry: baptized May 13, 1924
	Date of Birth: May 31, 1912	Birth Place: Midvale, Idaho	Full Name of Mother: Anna Belle Denny	Name of Father: Richard H. Preston	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Anna Belle Kinnaman	Date Issued: Jan. 16, 1969	Date Orig. Entry: ----
	Date of Birth: May 31, 1912	Birth Place: Midvale, Idaho	Full Name of Mother: Anna Belle Denny Preston	Name of Father: Richard Huston Preston	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Larson	Glenda Larson	Feb. 13, 1969

FORM BH 56067 (D) 4-3-61. 1 Copy Paid M.O. #15704. Search made in Washington Co.

FEB 13 1969

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 69-097

REGISTRANT (Person to Bring Birth to Bring Registration)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) May (day) 31, (year) 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth (County): Washington; Ability or Town of Birth: Midvale
FATHER	6. Full Name of Father: Richard Huston Preston	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Anna Belle Denny Preston	9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	9. Beyond Mothers when oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant	11. Present Address of Registrant: Midvale, Idaho
NOTARY (Seal)	8. Subscribed and sworn to before me on January 10, 19[illegible]	12. Signature of Notary	13. Notary Commission expires: June [illegible], 19[illegible]

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Dam child's birth certificate	On file Idaho #231000	----	child born Jan.29,1925
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Age: 22 Midvale, Idaho	----	--	

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, Weiser, Ward, C. M. Jensen, Clerk	Apr.4,1925	baptized May 13, 1924
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
May 31,1912 Midvale, Idaho	Anna Belle Denny	Richard H. Preston	

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Anna Belle Kinnaman	Jan.16,1969	----
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
May 31,1912 Midvale, Idaho	Anna Belle Denny Preston	Richard Huston Preston	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as one forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Glenda Larson	Feb. 13, 1969

FORM BH 56627

799-21310 06 -464

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-107

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clothilde Agnes Grimaud			2. Date Of Birth (month) Dec (day) 13 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Pingree	
FATHER	6. Full Name of Father: Adrien Grimaud			7. State or Country of Father's Birth: La-Motte France	
MOTHER	8. Full Maiden Name of Mother: Evelina Doutre			9. State or Country of Mother's Birth: Beauharnois - Que Canada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Tillie Grimaud Jensen	11. Present Address of Registrant: TERRETON - IDA	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 8 1967		12. Signature of Notary: Idaho Notary	13. Notary Commission expires: 3-3 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: Sacred Heart Hospital, Idaho Falls, Idaho	Date Issued: Nov.30,1968	Date Orig. Entry: Dct.5,1953
	Date of Birth: Dec.13,1912	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister(Age 65) bd. 12-13-1901		By whom issued and signed: Evelina Grimaud Giraud	Date Issued: Sep.13,1967	Date Orig. Entry: ----
	Date of Birth: Dec.13,1912	Birth Place: Pingree, Idaho	Full Name of Mother: Evelina Doutre Grimaud	Name of Father: Adrien Grimaud	
SUPPORTING RECORD 3.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Feb.6,1969	Date Orig. Entry: Apr. 1, 1940
	Date of Birth: Age: 27	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

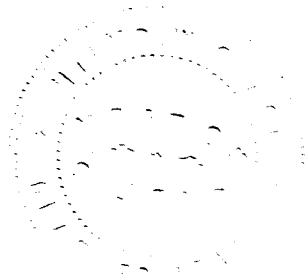
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Feb.17, 1969

FORM BH 56067

Application # 18711

(J) 12-31-68 gml

FEB 17 1969



485-225-035-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-188

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Greta Mae Myers		2. Date Of Birth (month) (day) (year): Feb. 25th 1912
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Spalding Nez Perce
			b. City or Town of Birth: Spalding, Idaho
FATHER	6. Full Name of Father: Charles Oliver Myers		7. State or Country of Father's Birth: Moc Paul Iowa
MOTHER	8. Full Maiden Name of Mother: Ruby Viola Walker		9. State or Country of Mother's Birth: Kingman County Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Greta McMillin	11. Present Address of Registrant: 1608 Broadway, Yakima Wash
NOTARY (Seal)	Subscribed and sworn to before me on: November 8 1967	12. Signature of Notary: Sylvia M. Hoppestad	13. Notary Commission expires: Jan. 12 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #591 284 861MP	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Dec.1,1959	Date Orig. Entry: Nov.17,1959	
	Date of Birth: Feb.25,1912	Birth Place: Spalding, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Paul Revere Life Ins. Co.	Date Issued: Aug.3,1960	Date Orig. Entry: Aug.5,1960	
	Date of Birth: Feb.25,1912	Birth Place: Spaulding, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by paternal uncle	By whom issued and signed: George Myers (March 6,1889)	Date Issued: Mar.10,1969	Date Orig. Entry: ----	
	Date of Birth: Feb.25,1912	Birth Place: Spaulding, Idaho Nez Perce County	Full Name of Mother: Ruby Viola Walker Myers	Name of Father: Charles Oliver Myers	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	March 13, 1969

FORM BH 56067 Ic'pd rec'd 462-23x74

4-25-61

~~Fee~~

Mr Millin

MAR 14 1969

396-123-021-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-209

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Don Emery Crockett		2. Date of Birth (month) March (day) 23 (year) 1912
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Weston Franklin; b. City or Town of Birth: Weston Idaho
FATHER	6. Full Name of Father: Royal Aberham Crockett		7. State or Country of Father's Birth: Weston (Franklin) Id.
MOTHER	8. Full Maiden Name of Mother: Florence Simmonds		9. State or Country of Mother's Birth: Trenton Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Don E Crockett	11. Present Address of Registrant: 343 West Cold Na. Logan Nx
NOTARY (Seal)	Subscribed and sworn to before me on: March 10 1969	12. Signature of Notary: [illegible]	13. Notary Commission expires: 7-2 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Weston Ward, C.E. Twitchell, Elder	Date issued: July 4,1920	Date Orig. Entry: confirmed July 4,1920
	Date of Birth: Mar.23,1912	Birth Place: Weston, Franklin County, Idaho	Full Name of Mother: Florence Simmonds	Name of Father: Royal A. Crockett	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as a Deacon		By whom issued and signed: LDS Church, Weston Ward, Thos. E. Rose, Bishop	Date issued: Apr.6,1924	Date Orig. Entry: ordained Apr.6,1924
	Date of Birth: Mar.23,1912	Birth Place: Weston, Idaho	Full Name of Mother: Florence Simmonds	Name of Father: Royal A. Crockett	
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of own child's birth		By whom issued and signed: Cache Valley General Hosp. Logan, Utah	Date issued: ---	Date Orig. Entry: child born Sept.17,1942
	Date of Birth: Mar.23,1912	Birth Place: Weston, Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	March 26,1969

FORM BH 56067 1cp Addl rec # 37182 7-26-6

MAR 27 1969

636-223-009-262

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-213

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Mae Florea
2. Date of Birth (month) (day) (year): May 23 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Ponderay, Idaho Bonner
b. City or Town of Birth: Ponderay Idaho

FATHER

6. Full Name of Father: Emmett Tillman Florea
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mamie Sarah Bostwick
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Mae Florea Nesbitt
11. Present Address of Registrant: E7803 Liberty Av. Spokane, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: Dec 6 1968
12. Signature of Notary: A A Stucker
13. Notary Commission expires: 5-oct 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of hospital certificate of own child's birth	Deaconess Hospital	----	child born May 3,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 23,1912	Ponderay, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
transcript of school records	Sandpoint High School, R.L. Sodorff, Principal	-----	Sept.7,1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 14	----	---	E. T. Florea

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding hospital records	Sacred Heart Hospital, Spokane Washington, Marie Sorenson, RRL	Mar.10, 1969	Apr.22,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 23, Age: 30	Idaho	Mamie Bostwick	Emmett Florea

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

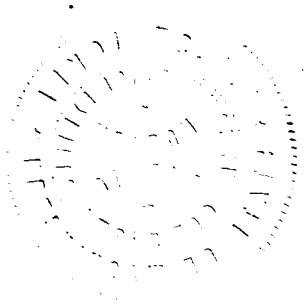
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	March 26,1969

FORM BH 56067

(N) 12-81

MAR 27 1969



689-203-007-336

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-243

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mable May White		2. Date Of Birth (month) Aug. (day) 3 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine; b. City or Town of Birth: Hailey, Idaho
FATHER	6. Full Name of Father: John Albert White		7. State or Country of Father's Birth: Bingham County, Utah
MOTHER	8. Full Maiden Name of Mother: Flora Lloyd		9. State or Country of Mother's Birth: Derby, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mable May Byas	11. Present Address of Registrant: 8822 S. E. Monterey Portland, Oregon 97266
NOTARY (Seal)	Subscribed and sworn to before me on: February 6 19 69	12. Signature of Notary: Patricia J Thompson	13. Notary Commission expires: 12-4 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Aug.30,1966	Date Orig. Entry: January 1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Flora White	Name of Father: John A. White	
SUPPORTING RECORD 2.	Type of Document: Statement regarding marriage license #2361		By whom issued and signed: Frank B.Kearns, Co. Recorder Cassia County, Idaho	Date Issued: Jul.11,1966	Date Orig. Entry: Feb. 6, 1939
	Date of Birth: Aug.3,1912	Birth Place: Hailey, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: S.S.Foote, Canyon Co. Recorder, Caldwell, Idaho	Date Issued: Jul.13,1966	Date Orig. Entry: Sept. 1922
	Date of Birth: Age: 10	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

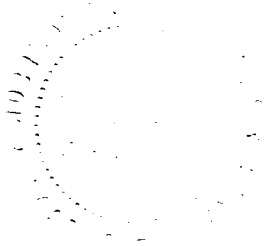
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	April 3, 1969

FORM BH 56067

APR 3 1969



366 - 101-029-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-246

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIRGIL AUSTIN LOWE		2. Date of Birth (month) (day) (year): SEPT 1 1912
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: a. County: IDAHO LATAH; b. City or Town of Birth: CORA POST OFFICE
FATHER	6. Full Name of Father: HARRY WALTER LOW		7. State or Country of Father's Birth: WASHINGTON.
MOTHER	8. Full Maiden Name of Mother: ANNA ELIZABETH LONG		9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: V.A. Lowe	11. Present Address of Registrant: P.O. Box 683 QUESNEL BC.
NOTARY (Seal)	Subscribed and sworn to before me on: April 3 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism	By whom issued and signed: Rev.R.B.Gibson, The United Church of Canada, Ashcroft	Date Issued: ----	Date Orig. Entry: baptized Apr.24,1949
	Date of Birth: Sep.1,1912 / Birth Place: -----	Full Name of Mother: Anne Lowe	Name of Father: Harry Lowe	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: North American Life Assurance Company	Date Issued: Dec.11,1951	Date Orig. Entry: Sept.23,1951
	Date of Birth: Sep.1,1912 / Birth Place: Idaho U.S.A.	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: H. W. Low	Date Issued: Sept.3,1965	Date Orig. Entry: ----
	Date of Birth: Sep.1,1912 / Birth Place: Cora, Idaho USA	Full Name of Mother: -----	Name of Father: H. W. Low	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	April 3, 1969

FORM BH 56067

1 CA photocopy # 3372

2 2 2 6-d

APR 3 1969

819-123-017-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-330

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oscar Mortensen Harmon		2. Date of Birth (month) (day) (year): August 23 1912
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Kilgore Clark; b. City or Town of Birth: Kilgore
FATHER	6. Full Name of Father: Henry James Harmon		7. State or Country of Father's Birth: Clarkston, Utah
MOTHER	8. Full Maiden Name of Mother: Katie May Mortensen		9. State or Country of Mother's Birth: Levan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oscar Mortensen Harmon	11. Present Address of Registrant: 1804 Lake Elmo Dr. Billings, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: 1st May 1969	12. Signature of Notary: Travis Bowers	13. Notary Commission expires: NOTARY PUBLIC for the State of Montana Residing at Billings, Montana My Commission Expires August 27, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Kilgore, Idaho Chet Smith, Clerk	Date Issued: ----	Date Orig. Entry: blessed Mar.2,1913
	Date of Birth: Aug.23,1912	Birth Place: Kilgore, Idaho	Full Name of Mother: Katie Mortinsen	Name of Father: H. J. Harmon
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Kilgore Ward Sidney A. Hauks, Clerk	Date Issued: June 5,1921	Date Orig. Entry: baptized June 4,1921
	Date of Birth: Aug.23,1912	Birth Place: Kilgore, Clark County, Idaho	Full Name of Mother: Kattie Mortensen	Name of Father: James Harmon
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt age:71	By whom issued and signed: Eva M. Harmon	Date Issued: Apr.28,1969	Date Orig. Entry: ----
	Date of Birth: Aug.23,1912	Birth Place: Kilgore, Idaho	Full Name of Mother: Katie Harmon (aka Kattie Mortensen Harmon & Katherine May Mortensen Harmon)	Name of Father: H. J. Harmon (aka James Harmon)
QUALIFYING INFORMATION				

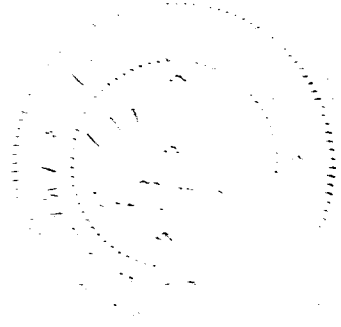
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	Glenda Larson	May 7, 1969

FORM BH 56067 (4)

MAY 9 1969



967-215 042 -219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-348

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bertha Rogers
2. Date of Birth (month) Oct. (day) 15 (year) 1912
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Twin Falls; b. City or Town of Birth: Kimberly, Idaho

FATHER

6. Full Name of Father: Rufus Milan Rogers
7. State or Country of Father's Birth: Pleasent Grove, Utah

MOTHER

8. Full Maiden Name of Mother: Rowena Barney
9. State or Country of Mother's Birth: Muddy, Utah Emery Co

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bertha Rogers Mower
11. Present Address of Registrant: 64 E 200 E. North Salt Lake

NOTARY (Seal)

Subscribed and sworn to before me on: May 1st 1969
12. Signature of Notary: Norrene Smirnoff
13. Notary Commission expires: June 28 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, Wm. H. Case, Clerk	July 3,1921	baptized July 3,1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.15,1912	Kimberly, Idaho Twin Falls County	Rowena Barney	Rufus Rogers

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate #261	State of Utah Division of Vital Statistics	May 1,1969	Child born Nov.19,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Kimberly, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family record sheet	Family Records	----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.15,1912	Kimberly, Idaho	Rowena Barney	Rufus Milan Rogers

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	May 13, 1969

FORM BH 56067

4

MAY 13 1969

- 912-230-016-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-440

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Ellen Rasmussen		2. Date of Birth (month) May (day) 30 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Sublett
FATHER	6. Full Name of Father: James Peter Rasmussen		7. State or Country of Father's Birth: Cache County, Utah	
MOTHER	8. Full Maiden Name of Mother: Esther Ruth Wheatley		9. State or Country of Mother's Birth: Box Elder County, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Ellen Rasmussen	11. Present Address of Registrant: 3680 Jefferson, Ogden, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: May 9th 1969	12. Signature of Notary: Alberta Schoute	13. Notary Commission expires: Aug. 23rd, 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for license to marry	By whom issued and signed: Weber County, Utah, County Clerk's Office	Date Issued: Apr. 18, 1969	Date Orig. Entry: Feb. 26, 1947
	Date of Birth: May 30, 1912 / Birth Place: Sublett, Idaho	Full Name of Mother: Esther Wheatley	Name of Father: James P. Rasmussen	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Honeyville, Ward, Thomas Wheatley, Bishop	Date Issued: ----	Date Orig. Entry: baptized May 30, 1920
	Date of Birth: May 30, 1912 / Birth Place: Sublett, Idaho Cassia County	Full Name of Mother: Esther R. Wheatley	Name of Father: James P. Rasmussen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Ethel W. Walker	Date Issued: May 23, 1969	Date Orig. Entry: ----
	Date of Birth: May 30, 1912 / Birth Place: Sublett, Cassia County, Idaho	Full Name of Mother: Esther R. Rasmussen	Name of Father: James P. Rasmussen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: June 23, 1969

FORM BH 56067

JUN 2 4 1969

819-209-018-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-492

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Harrison		2. Date of Birth (month) (day) (year): January 9, 1912
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Clearwater; b. City or Town of Birth: Fraser, Idaho
FATHER	6. Full Name of Father: Warren Harrison		7. State or Country of Father's Birth: Kalamazoo, Michigan
MOTHER	8. Full Maiden Name of Mother: Etta May Clark		9. State or Country of Mother's Birth: Flats, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice Harrison Stuart	11. Present Address of Registrant: Route 3 - Box 51, Orofino, Idaho 83544
NOTARY (Seal)	Subscribed and sworn to before me on: March 13 1969	12. Signature of Notary: Dorothy Hunter	13. Notary Commission expires: December 1 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of pages from family Bible	By whom issued and signed: Family Bible Record	Date Issued: Mar.13,1969	Date Orig. Entry: obviously old
	Date of Birth: Jan.9,1912	Birth Place: Clearwater County, Idaho	Full Name of Mother: Etta May Clark	Name of Father: Warren Harrison
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Clearwater Co., Idaho Dist. #30	Date Issued: Mar.13,1969	Date Orig. Entry: Sept. 1920
	Date of Birth: Age: 8	Birth Place: ----	Full Name of Mother: ----	Name of Father: Warren Harrison
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Lawrence Judd (over 10 yrs. older)	Date Issued: Jun.26,1969	Date Orig. Entry: ----
	Date of Birth: Jan.9,1912	Birth Place: Fraser, Idaho	Full Name of Mother: ----	Name of Father: Warren Harrison
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

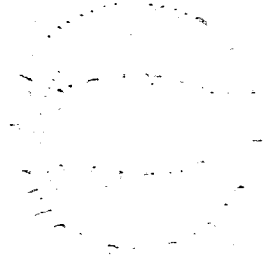
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	July 15, 1969

FORM BH 56067

4-25-69

JUL 15 1969



496 493-116-001-351

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-496

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Larry Mills		2. Date of Birth (month) May (day) 16, (year) 1912	
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth: Boise, Idaho a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: William John Mills		7. State or Country of Father's Birth: Idaho, U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Katharine Josephine Leary		9. State or Country of Mother's Birth: Idaho, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W Larry Mills	11. Present Address of Registrant: 85 Horizon Drive	
NOTARY (Seal)	Subscribed and sworn to before me on July 16 1969	12. Signature of Notary: Joyce M. Coleman	13. Notary Commission expires: 9-27- 1969	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: Army of U.S. J.W. Wagner, Lt. Col.	Date Issued: 4-21-46	Date Orig. Entry: Inducted July 24, 1944
	Date of Birth: May 16, 1912 / Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: College Transcript	By whom issued and signed: University of Idaho	Date Issued: Sept. 1947	Date Orig. Entry: Matriculated Jan 31, 1936
	Date of Birth: May 16, 1912 / Birth Place: Boise, Idaho	Full Name of Mother: Katherine J. Leary Mills	Name of Father: William John Mills	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: U. S. Government	Date Issued: July 27, 1944	Date Orig. Entry: ---
	Date of Birth: May 16, 1912 / Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: July 16, 1969

FORM BH 56067

JUL 17 1969

239-109-014-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-528

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HENRY Keith Strawn
2. Date of Birth (month) (day) (year): 7 9 1912
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Fruitland, Canyon
b. City or Town of Birth: Fruitland Idaho

FATHER

6. Full Name of Father: Henry Blaine Strawn
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Nettie Linda Slinker
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Keith Strawn
11. Present Address of Registrant: Fruitland Ida

NOTARY (Seal)

Subscribed and sworn to before me on: September 20 1961
12. Signature of Notary: B.J.B. Engle
13. Notary Commission expires: February 29 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #269771	----	child born June 25,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 25	Fruitland, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified statement regarding marriage records	Adams County Recorder's Office, Council, Idaho	Sep.29,1961	Aug.20,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	Fruitland, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother Age:68	Clarence Strawn	Nov.19,1968	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 9,1912	Fruitland, Idaho Canyon County	Nettie L. Strawn	H. B. Strawn

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

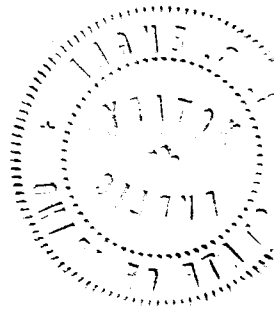
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	July 30, 1969

FORM BH 56067

3-1-61

JUL 3 0 1969



693-128-028-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-69-555

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carl Earnest Fisher		2. Date of Birth (month) (day) (year): March 28 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Roselake
FATHER	6. Full Name of Father: Charles Oscar Fisher		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Martha Ann Winkel		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl E Fisher	11. Present Address of Registrant: Cataldo Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 8 1969	12. Signature of Notary: S Christine Brown	13. Notary Commission expires: Feb 15 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth		By whom issued and signed: Harry Oehrling (19 yrs.older)	Date issued: Aug.8,1969	Date Orig. Entry: ----
	Date of Birth: Mar.28,1912	Birth Place: Rose Lake	Full Name of Mother: Martha A. Fisher	Name of Father: Charlie O. Fisher	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge		By whom issued and signed: U.S. Army, Earl G. Linhart, Major Ord.Dept.Ft.Douglas,Ut	Date issued: discharged Mar.23,1946	Date Orig. Entry: inducted Mar.15,1942
	Date of Birth: Mar.28,1912	Birth Place: Rose Lake, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Marriage License & Certificate		By whom issued and signed: On file Idaho #63-5057	Date issued: Jun.29,1963	Date Orig. Entry: June 26,1963
	Date of Birth: Age: 51	Birth Place: Rose Lake, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	August 29, 1969

FORM BH 56067 1 CR Pd 1 rec #16153 8-5-67

AUG 2 9 1969

DELAYED

Dup of 1912-5205

255-217033-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-579

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MYNA C. Bench
2. Date Of Birth (month) (day) (year): Dec. 17 1912
3. Color or Race: White
4. Sex: F
5. Place of Birth — a. County: Madison
b. City or Town of Birth: Rexburg Idaho

FATHER

6. Full Name of Father: Edwin Bench
7. State or Country of Father's Birth: Burmingham-England

MOTHER

8. Full Maiden Name of Mother: Caroline Mary Kent
9. State or Country of Mother's Birth: Lewiston Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Myna C. Cooper Bench
11. Present Address of Registrant: 1572 So. 20th East - S.L.C.

NOTARY (Seal)

Subscribed and sworn to before me on: April 30 1960
12. Signature of Notary: Anna H. Clark
13. Notary Commission expires: 9/23/1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by aunt	Cleo K. Mathews age 67	Aug.12,1960	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.17,1912	Rexburg, Idaho Madison County	Caroline Mary Kent	Edwin Bench

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school records	Mrs. Geraldine C. Short, Sec'ty Lincoln Jr. High, S.L.C., Utah	Aug.29,1969	1928 to 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.17,1912	----	------	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census record	U.S. Department of Commerce Bureau of the Census	Aug.15,1969	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 7	Idaho	Carrie K. Bench	Edwin Bench

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

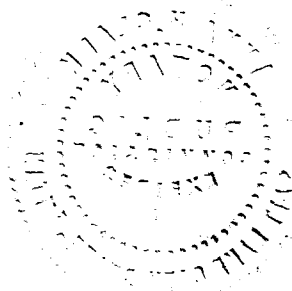
State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pp Glenda Larson	Sept. 4, 1969

FORM BH 56067

4-18-60

1 Copy paid receipt 12513

SEP 4 1969



633-219-028-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-647

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amalie (Emily) Ott			2. Date of Birth (month) Oct. (day) 19 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur D'Alene
FATHER	6. Full Name of Father: George Ott			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Katherine Litzenberger			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emily Lindelof		11. Present Address of Registrant: W. 2716 Upton, Spokane, Wash 99205
NOTARY (Seal)	Subscribed and sworn to before me on: September 27, 19 69	12. Signature of Notary: Emmett J. Hearn		13. Notary Commission expires: Sept. 30, 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church certificate		By whom issued and signed: Ev.Luth. Emmanuels Church, Spokane, Washington	Date Issued: ----	Date Orig. Entry: Nov.17,1912
	Date of Birth: Oct.19,1912	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Kathrine Litzenberger	Name of Father: Georg Ott	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records (School Dist.#1)		By whom issued and signed: Kootenai County, Idaho	Date Issued: Sep.26,1969	Date Orig. Entry: Sept.1925
	Date of Birth: Oct.19,1912	Birth Place: ----	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage affidavit		By whom issued and signed: Kootenai County, Idaho	Date Issued: ---	Date Orig. Entry: Mar.1,1930
	Date of Birth: Age: 17	Birth Place: ----	Full Name of Mother: Katie Ott	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	October 2, 1969

FORM BH 56067

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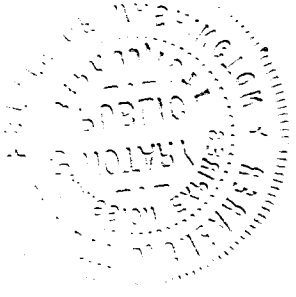
6-11-69

OCT 3 1969



318-22-041-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-69-683

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Katherine Charlene Taylor
2. Date Of Birth: (month) 12 (day) 27 (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Teton; b. City or Town of Birth: Driggs

FATHER

6. Full Name of Father: Benjamin Franklin Taylor
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Katherine Esther McCluer
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Katherine C. Barton
11. Present Address of Registrant: Box 72 Bagge Wyo. 82321

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 29th 1969

12. Signature of Notary: Carbon County Wyo. Ivy S. Davis Notary
13. Notary Commission expires: May 7 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Kate E. Taylor	Jan.24,1969	----
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec.27,1912 Driggs, Idaho	Katherine Esther (McCluer) Taylor	Benjamin Franklin Taylor	
SUPPORTING RECORD 2.	Federal Census Record	U.S. Department of Commerce Bureau of the Census	Oct.23,1968	Jan.1,1920
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age: 7 Idaho	Katerine Taylor	Benjamin F. Taylor	
SUPPORTING RECORD 3.	photocopy of petition for degrees	Big Piney Chapter #42 Order of the Eastern Star, Wyoming	----	Dec.16,1952
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec.27,1912 Driggs, Idaho	----	------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barton	gml Glenda Larson	Oct. 29, 1969

FORM BH 56067

11-22-68

Britton

OCT 2 9 1969

251-226-014-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE69-692

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy John Beall			2. Date of Birth (month) (day) (year): September 26, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Wilder, Idaho
FATHER	6. Full Name of Father: John Beall			7. State or Country of Father's Birth: Peoli, Ohio
MOTHER	8. Full Maiden Name of Mother: Margaret Castor			9. State or Country of Mother's Birth: Kimbolton, Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy J. Belanger		11. Present Address of Registrant: 3701 Crescent Rim Dr. Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 4 1969	12. Signature of Notary: Richard A. Fuller		13. Notary Commission expires: Jan. 15 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 345402	Date Issued: ----	Date Orig. Entry: child born Apr 3, 1942
	Date of Birth: Age 29	Birth Place: Wilder, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Hospital Record		By whom issued and signed: Caldwell Memorial Hospital	Date Issued: Mar 9, 1966	Date Orig. Entry: Entered July 1958
	Date of Birth: Sept. 26, 1912	Birth Place: Wilder, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Family Bible Record		By whom issued and signed: Family Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Sept. 26, 1912	Birth Place: Wilder, Idaho	Full Name of Mother: Margaret Castor	Name of Father: John Beall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Nov. 4, 1969

FORM BH 56067

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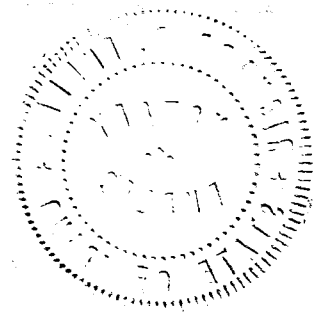


864202-019-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-739

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Elvira Houston			2. Date Of Birth (month) 08 (day) 02 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Mackey, Idaho a. County: Custer Co.	b. City or Town of Birth: Mackey, Idaho
FATHER	6. Full Name of Father: George Houston			7. State or Country of Father's Birth: Bingham City, Utah
MOTHER	8. Full Maiden Name of Mother: Luella Pearl Bishop			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mrs Vera Robison	11. Present Address of Registrant: Rt. 1, Box 226A, Willamina, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: August 21 1969		12. Signature of Notary: M Brooks	13. Notary Commission expires: My Commission Expires July 15, 1972 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Luella P. Bowlby	Date issued: Oct. 6, 1969	Date Orig. Entry: ---
	Date of Birth: Aug. 2, 1912	Birth Place: Mackey, Idaho	Full Name of Mother: Luella Pearl Bishop Houston	Name of Father: George Houston	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #182619	Date issued: ---	Date Orig. Entry: child born June 20, 1930
	Date of Birth: Age: 17	Birth Place: Mackey, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage records		By whom issued and signed: Payette County, Idaho	Date issued: Oct. 15, 1969	Date Orig. Entry:
	Date of Birth: Age: 16	Birth Place: ----	Full Name of Mother: Mrs. Pearl Blair	Name of Father: -----	
QUALIFYING INFORMATION					

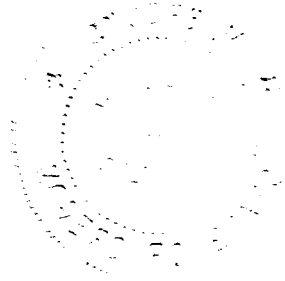
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 2, 1969

FORM BH 56067 1 cert # 39509 9-16-68

DEC 2 1969



336-14-063-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-741

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Lavern Lloyd		2. Date of Birth (month) April (day) 14 (year) 1912
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Oxford
FATHER	6. Full Name of Father: Lewis Lloyd		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Eliza Ann Kendall		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Lavern Lloyd	11. Present Address of Registrant: Newdale Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 16 1969	12. Signature of Notary: Mary Smith	13. Notary Commission expires: June 25 1971

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination as a Priest	By whom issued and signed: LDS Church, Linrose Ward, Franklin Stake, A. Stevenson, Clerk	Date Issued: Nov. 2, 1930	Date Orig. Entry: ordained Nov. 2, 1930
	Date of Birth: Apr. 14, 1912 / Birth Place: Oxford, Bannock County, Idaho	Full Name of Mother: Eliza Ann Kendall	Name of Father: Lewis Lloyd	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #53-10419	Date Issued: ---	Date Orig. Entry: child born Aug. 18, 1953
	Date of Birth: Age: 41 / Birth Place: Oxford, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #15,809-L	By whom issued and signed: Empire Builder Policy Pacific Empire Mutual Life Ins. Co.	Date Issued: Nov. 1, 1959	Date Orig. Entry: Oct. 23, 1959
	Date of Birth: Apr. 14, 1912 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Larson	Evidence reviewed by: gl Glenda Larson	Date Filed: Dec. 2, 1969

FORM BH 56067

9-2-69

DEC 2 1969

419-203-027-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-751

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Amanda Martin		2. Date of Birth (month) (day) (year): October 3, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jerome; b. City or Town of Birth: Eden
FATHER	6. Full Name of Father: Jim Harvey Martin		7. State or Country of Father's Birth: Tennesse
MOTHER	8. Full Maiden Name of Mother: Julie Simmons		9. State or Country of Mother's Birth: Tennesse
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Amanda (Martin) Durham	11. Present Address of Registrant: Rt. 1, Hansen, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 4, 1969	12. Signature of Notary: Frank T. & Frank	13. Notary Commission expires: July 15, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records (School Dist.33)	By whom issued and signed: Ella McVey, Clerk of Dist.Ct. Jerome County, Idaho	Date issued: Oct.21,1968	Date Orig. Entry: Oct.4,1926
	Date of Birth: Age: 14 / Birth Place: ----	Full Name of Mother: ----	Name of Father: J. H. Martin	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records, Jerome, Idaho	By whom issued and signed: St. Benedict's Hospital, Inc. Betty Hyde, Med.Rec.Tech.	Date issued: Oct.25,1968	Date Orig. Entry: May 18,1962
	Date of Birth: Oct.3,1912 / Birth Place: Eden, Idaho	Full Name of Mother: Julie Simmons	Name of Father: Jim Martin	
SUPPORTING RECORD 3.	Type of Document: Driver's License #042390	By whom issued and signed: Idaho Motor Vehicle Operator's License, Law Enforcement Dept.	Date issued: 1961	Date Orig. Entry: 1961
	Date of Birth: Oct.3,1912 / Birth Place: ----	Full Name of Mother: ----	Name of Father: - ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 3, 1969

FORM BH 56067 Ref Ad Ref #39962 (D) 16-15-69

Cushman Anne Warren

DEC 3 1969

MAY 04 2011

693-21-042-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-830

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Arline Wilson		2. Date of Birth (month) Oct. (day) 11 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Kimberly, Idaho
FATHER	6. Full Name of Father: Arthur J. Wilson		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Alice Victoria Harter		9. State or Country of Mother's Birth: Hamilton County, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arlene W. Hove	11. Present Address of Registrant: Kimberly, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 25 1969	12. Signature of Notary: Kathlyn E. Taylor	13. Notary Commission expires: Sept 20 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #373946	Date Issued: ---	Date Orig. Entry: child born May 15,1943
	Date of Birth: Age: 30	Birth Place: Kimberly, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by relative present at time of birth		By whom issued and signed: Lillian M. Scott Age:72	Date Issued: Nov.25,1969	Date Orig. Entry: ----
	Date of Birth: Oct.11,1912	Birth Place: Kimberly, Idaho	Full Name of Mother: Alice V. (Harter) Wilson	Name of Father: Arthur J. Wilson	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: The Equitable Life Assurance Society of the United States	Date Issued: -----	Date Orig. Entry: Dec.7,1960
	Date of Birth: Oct.11,1912	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 29, 1969

FORM BH 56067

I.C.C pd - Rec# 24544

11-17-69

DEC 29 1969

~~Hoover~~

Wilson

235-126-0412-957

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De70-018

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anthony John Klein			2. Date of Birth (month) March (day) 26 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Frank William Klein			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Mary Regner			9. State or Country of Mother's Birth: Austria-Hungrary
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: ~~Anthony~~ Anthony J. K Klein		11. Present Address of Registrant: 1700 Coolidge St Boise, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: January 9 1969	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Appl.	By whom issued and signed: Treasury Dept. # 54- 18 7776		Date Issued: Aug.25,1938	Date Orig. Entry: ----
	Date of Birth: Mar.26,1912	Birth Place: Twin Falls,Idaho	Full Name of Mother: Mary Regner	Name of Father: Frank William Klein	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States		Date Issued: Nov.3,1945	Date Orig. Entry: Inducted Apr.18,1942
	Date of Birth: Mar.26,1912	Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Marriage License & Certificate	By whom issued and signed: Ada County,O.T.Peterson		Date Issued: Apr.11,1952	Date Orig. Entry: Married April 19, 1952
	Date of Birth: Age 40	Birth Place: Twin Falls,Idaho	Full Name of Mother: -----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Jan 9,1970

FORM BH 56067

12-30-69

Klein

JAN 9 1970

#658-104-028-899

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-111

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cecil Alfred Weyer		2. Date Of Birth (month) Aug (day) 4 (year) 1912
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Coeur D'Alene
FATHER	6. Full Name of Father: William Albert Weyer		7. State or Country of Father's Birth: ?
MOTHER	8. Full Maiden Name of Mother: Mildred Nancy Hironimous		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cecil Alfred Weyer	11. Present Address of Registrant: RFD #1 Box 267A Prosser, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: June 6 1969	12. Signature of Notary	13. Notary Commission expires: 3-27 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Independent Order of Foresters	Date Issued: ---	Date Orig. Entry: June 19,1961
	Date of Birth: Aug.4,1912 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: photocopy of birth announcement	By whom issued and signed: family record	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Aug.4,1912 / Birth Place: ----	Full Name of Mother: Mrs. W. A. Weyer	Name of Father: Mr. W. A. Weyer	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #540-18 7983	By whom issued and signed: Social Security Adm.	Date Issued: Sept.7,1938	Date Orig. Entry: Sept.7,1938
	Date of Birth: Aug.4,1912 / Birth Place: Coeur de lene, Idaho	Full Name of Mother: Mildred Essie Hironamous	Name of Father: William Albert Weyer	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bergman	gml Glenda Larson	Feb. 9, 1970

FORM BH 56067

6-4-69

FEB 10 1970

85/216-022-854

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-127

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Priannah Heath			2. Date Of Birth (month) October (day) 16 (year) 1912
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Plano
FATHER	6. Full Name of Father: Bert Heath			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Emily May Hemsley			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary A. Farnsworth		11. Present Address of Registrant: 823 East Nash. Boise, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: February 16 1970	12. Signature of Notary: Hazel L. Hulbert		13. Notary Commission expires: Sept 20 1972

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Bishop L.D.S.Church Richard Hemsley	Date Issued: Dec.1,1912	Date Orig. Entry: Blessed Dec.1,1912	
	Date of Birth: Oct.16,1912	Birth Place: Plano,Idaho	Full Name of Mother: Emily May Hemsley	Name of Father: Bert Heath	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father Age 77	By whom issued and signed: Bert Heath	Date Issued: July 6,1967	Date Orig. Entry: ------	
	Date of Birth: Oct.16,1912	Birth Place: Plano, Idaho	Full Name of Mother: Emily May Hemsley	Name of Father: Bert Heath	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 220394	Date Issued: -----	Date Orig. Entry: child born Mar 11,1934	
	Date of Birth: Age 21	Birth Place: Plano, Idaho	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 16,1970

FORM BH 56067

FEB 17 1970

MAR 17 1970

165-220-036-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-159

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorthea Lousia Jones			2. Date Of Birth (month) (day) (year): March 20 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Malad, Idaho, Oneida	b. City or Town of Birth: Malad,
FATHER	6. Full Name of Father: Harvey Lusk Jones			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Catherine Price			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorthea J. Morgan		11. Present Address of Registrant: 663 So Main Brigham City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: February 13 1970	12. Signature of Notary: Ella D. Savage		13. Notary Commission expires: February 5 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Catherine Price Jones		Date Issued: Feb.16,1970	Date Orig. Entry: ----
	Date of Birth: Mar.20,1912	Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Catherine Price Jones	Name of Father: Harvey Lusk Jones	
SUPPORTING RECORD 2.	Type of Document: Certified copy of certificate of marriage #50337 A	By whom issued and signed: Spokane County, Washington County Auditor's Office		Date Issued: Feb.13,1970	Date Orig. Entry: Apr.4,1935
	Date of Birth: Age: 23	Birth Place: Malad, Idaho	Full Name of Mother: Katharine Price	Name of Father: Harvey L. Jones	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records	By whom issued and signed: Claire H. Bailey, Ward Clerk Brigham City 6th Ward LDS Church		Date Issued: Feb.13,1970	Date Orig. Entry: blessed May 3, 1912
	Date of Birth: Mar.20,1912	Birth Place: Malad, Idaho	Full Name of Mother: Catherine Price Jones	Name of Father: Harvey Lusk Jones	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Brown	Glenda Larson	Feb. 27, 1970

FORM BH 56067 ICR pd # 21911

10-15-69

FEB 27 1970

951-229-036-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-174

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALTHEA READ		2. Date Of Birth (month) October (day) 29 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida; now, Power; b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: John Levi Read		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Katherine Hillhouse		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Althea Charlebois	11. Present Address of Registrant: 3068 Orange Avenue Oroville, Calif. 95965
NOTARY (Seal)	Subscribed and sworn to before me on September 19 1969	12. Signature of Notary: Dorothy A. Wise	13. Notary Commission expires: July 30, 1972 19

OFFICIAL SEAL
DOROTHY A. WISE
NOTARY PUBLIC CALIFORNIA
BUTTE COUNTY
My Commission Expires July 30, 1972

2366 Lincoln Street, Oroville, Calif. 95965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Katherine Stearman	Date issued: Sep.19,1969	Date Orig. Entry: ----
	Date of Birth: Oct.29,1912	Birth Place: Rockland, Idaho Oneida now Power	Full Name of Mother: Katherine Hillhouse	Name of Father: John Levi Read	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #390 717 651		By whom issued and signed: The Prudential Ins. Co. of America	Date issued: Feb.13,1939	Date Orig. Entry: Feb.9,1939
	Date of Birth: Oct.29,1912	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #39-4048		By whom issued and signed: State of California Bureau of Vital Statistics	Date issued: Feb.24,1970	Date Orig. Entry: child born Jan.12,1939
	Date of Birth: Age: 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	March 3, 1970

FORM BH 56067

MAR - 3 1970

275-22S-029-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-191

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louise Clesta Spears McElhaney
2. Date of Birth (month) (day) (year): April 28 1912
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Latah Co. b. City or Town of Birth: Potlatch Idaho

FATHER

6. Full Name of Father: James Albert Spears
7. State or Country of Father's Birth: New Brunswick

MOTHER

8. Full Maiden Name of Mother: Lena Bell Stanley
9. State or Country of Mother's Birth: U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louise Clesta McElhaney
11. Present Address of Registrant: #205 - 53 St Red Deer

NOTARY (Seal)

Subscribed and sworn to before me on: 27th January 1970

12. Signature of Notary: [illegible]
13. Notary Commission expires: at the pleasure of the crown 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of marriage registration #542 of 1929	Division of Vital Statistics Edmonton, Alberta, Canada	Jan.26,1970	Oct.18,1929
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age: 17 — Potlatch, Idaho USA	Lena Stevenson	James Albert Spears	
SUPPORTING RECORD 2.	Certified copy of own child's birth registration #2369-1930	Division of Vital Statistics Edmonton, Alberta, Canada	Jan.26,1970	child born Apr.12,1930
	Age: 17 — Potlatch, Idaho USA	---	----	
SUPPORTING RECORD 3.	photocopy of hospital record	Lacombe General Hospital, E. Harvie,R.N., Administrator	----	July 6,1964
	Apr.28,1912 — ----	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: March 10, 1970

FORM BH 56067

1 Cert fee $1.00 + 25¢ = $1.25

12.2.4.6

MAR 11 1970

318-221-016-862

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-207

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hilda Gertrude Taylor			2. Date Of Birth (month) (day) (year): May 21 1912
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Almo Cassia	b. City or Town of Birth: Almo
FATHER	6. Full Name of Father: Harry Taylor			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Gertrude Lousia Yost			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hilda Gertrude Taylor	11. Present Address of Registrant: 103 Parkway D.R. Clearfield Ut.
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1970		12. Signature of Notary: Judy Ann Wadsworth	13. Notary Commission expires: February 11, 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age:81	By whom issued and signed: Clara Ruth Taylor Bronson	Date Issued: Mar.4,1970	Date Orig. Entry: -----
	Date of Birth: May 21,1912 / Birth Place: Almo, Idaho Cassia County	Full Name of Mother: Gertrude Lousia Yost Taylor	Name of Father: Harry Taylor	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church,Raymond A.Jones, Ward Clerk, Clearfield 4th W.	Date Issued: Oct.9,1968	Date Orig. Entry: blessed July 7,1912
	Date of Birth: May 21,1912 / Birth Place: Almo, Idaho Cassia County	Full Name of Mother: Gertrude L. Yost	Name of Father: Harry Taylor	
SUPPORTING RECORD 3.	Type of Document: photocopy of notification of personnel Action-reassignment	By whom issued and signed: Joyce Jensen,Chief,Adm & Records Br.,Civ Pers.Office	Date Issued: Aug.3,1962	Date Orig. Entry: Oct.2,1951
	Date of Birth: May 21,1912 / Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

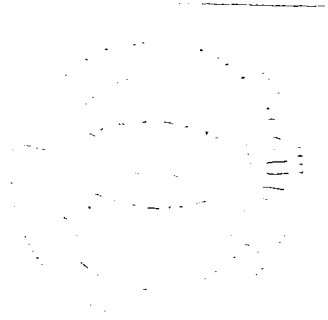
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Peterson	Glenda Larson	March 12, 1970

FORM BH 56067

1-13-71

MAR 13 1970



212-209-003-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-223

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Baker			2. Date Of Birth (month) July (day) 9 (year) 1912
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Oxford
FATHER	6. Full Name of Father: John William Baker			7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Kate Robinson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Mowery		11. Present Address of Registrant: 2317 S. 2nd Pocatello Ida.
NOTARY (Seal) X	Subscribed and sworn to before me on 3-16- 1970	12. Signature of Notary: Burl McNabb		13. Notary Commission expires My Commission expires March 7, 1973 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Susan Fisher Age	By whom issued and signed: Susan Fisher	Date Issued: Feb.19,1970	Date Orig. Entry: -----
	Date of Birth: July 9,1912 / Birth Place: Oxford, Idaho	Full Name of Mother: Kate Robinson	Name of Father: John William Baker	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 201942	Date Issued: -----	Date Orig. Entry: child born May 22, 1932
	Date of Birth: Age 19 / Birth Place: Oxford, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church membership records(12th Ward)	By whom issued and signed: Morris F. Decker, Ward Clerk Pocatello, Idaho, LDS Church	Date Issued: Mar.14,1970	Date Orig. Entry: blessed Sept.1,1912
	Date of Birth: July 9,1912 / Birth Place: Oxford, Idaho Bannock County	Full Name of Mother: Kate Emily Robinson	Name of Father: John William Baker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	fc HH Glenda Larson	Mar. 17, 1970

FORM BH 56067

MAR 17 1970

696-202 . 026-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-276

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice B. Fife		2. Date Of Birth (month) 12 (day) 2 (year) 12
	3. Color or Race: White	4. Sex: Fm.	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: Grant
FATHER	6. Full Name of Father: Seth Fife		7. State or Country of Father's Birth: Providence, Cash Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Baron		9. State or Country of Mother's Birth: Brigham, Box Elder, Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Parter	11. Present Address of Registrant: 33 East Center St. North Salt Lake, Ut.
NOTARY (Seal)	Subscribed and sworn to before me on: March 18, 1970	12. Signature of Notary: Lynn K. Cullmore	13. Notary Commission expires: Jan. 22, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Old West Life Ins. Co.	Date Issued: ---	Date Orig. Entry: Feb.14,1961
	Date of Birth: Dec.2,1912	Birth Place: Jefferson County, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mary E. Fife	Date Issued: Apr.10,1969	Date Orig. Entry: ----
	Date of Birth: Dec.2,1912	Birth Place: Grant, Jefferson County, Idaho	Full Name of Mother: Mary E. Baron Fife	Name of Father: Seth Fife
SUPPORTING RECORD 3.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Rigby Stake, Grant Ward, Record bir.&bless., page 696, line 141	Date Issued: Mar.25,1970	Date Orig. Entry: Feb.2,1913
	Date of Birth: Dec.2,1912	Birth Place: Grant, Idaho	Full Name of Mother: Mary Ellen Baron	Name of Father: Seth Fife
QUALIFYING INFORMATION				

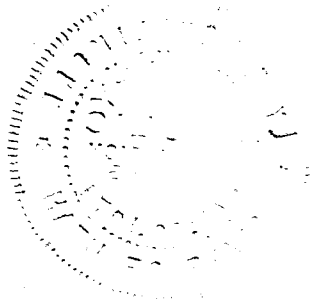
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Berson	gml Glenda Larson	April 1,1970

FORM BH 56067 1cp pdl rec # 18515 9-30-69

APR 2 1970



859-20-1036-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-296

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MERLE ALTHEA HERBERT			2. Date Of Birth (month) FEB (day) 4 (year) 1912
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO Oneida	b. City or Town of Birth: Glendale Near Preston
FATHER	6. Full Name of Father: Harry Herbert			7. State or Country of Father's Birth: Wyo.
MOTHER	8. Full Maiden Name of Mother: Mary Beckstead			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merle H. Larsen		11. Present Address of Registrant: P.O. Box 3 - Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 11, 1970 19__	12. Signature of Notary: Paul M. Lambert		13. Notary Commission expires: 9/19/70 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Glendale Ward, W.A. Wagstaff, Clerk	Date Issued: May 5,1912	Date Orig. Entry: blessed May 5,1912
	Date of Birth: Feb.4,1912 / Birth Place: Glendale, Idaho Oneida County	Full Name of Mother: Mary Beckstead	Name of Father: Harry Herbert	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Seventh Ward, Ogden Stake, Arnel Porter, Bp.	Date Issued: Mar.10,1940	Date Orig. Entry: Baptized Feb.21,1940
	Date of Birth: Feb.4,1912 / Birth Place: Preston, Oneida County, Idaho	Full Name of Mother: May Beckstead	Name of Father: Harry Herbert	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother (bd.11-19-1898)	By whom issued and signed: Richard Dewey Herbert	Date Issued: Mar.10,1970	Date Orig. Entry: ----
	Date of Birth: Feb.4,1912 / Birth Place: Glendale, Idaho Oneida County	Full Name of Mother: Mary Beckstead	Name of Father: Harry Herbert	
QUALIFYING INFORMATION				

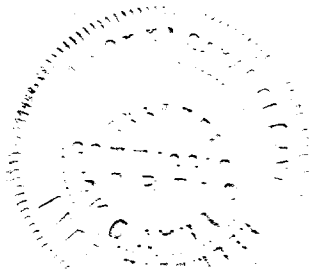
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: April 7, 1970

FORM BH 56067

No search made. One copy paid Rec. # 8213. (L) 3-14-66

Received

APR 8 1970



513-222-009-513

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-307

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Naccarato		2. Date Of Birth (month) Nov. (day) 22, (year) 1912
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Priest River, Bonner; b. City or Town of Birth: Priest River
FATHER	6. Full Name of Father: Antonio Naccarato		7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Carmela Naccarato		9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Naccarato	11. Present Address of Registrant: Priest River, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 27, 1970	12. Signature of Notary: Fred F. Kondo	13. Notary Commission expires: June 23 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

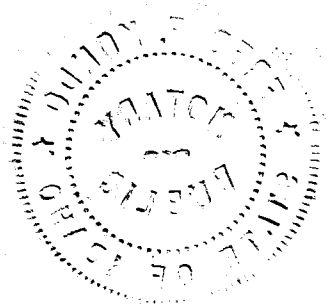
SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St.Aloysius Church, Spokane, WA A.Ruppert, S.J. Roman Catholic	Date issued: Mar.18,1970	Date Orig. Entry: baptized Dec.28,1912
	Date of Birth: Nov.22,1912	Birth Place: Priest River, Idaho	Full Name of Mother: Carmela Naccarato	Name of Father: Antonio Naccarato
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records (Settlement School)	By whom issued and signed: Bonner County School Dist.82 Mike Lamanna, Asst.Supt.	Date issued: Feb.6,1970	Date Orig. Entry: Sept.5,1921
	Date of Birth: Age: 8	Birth Place: ----	Full Name of Mother: ----	Name of Father: Tony Naccarato
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend & neighbor at time of birth	By whom issued and signed: Tony Jachetta Age; 70	Date issued: Mar.26,1970	Date Orig. Entry: ---
	Date of Birth: Nov.22,1912	Birth Place: farm about 3 mi. from Priest River, ID	Full Name of Mother: Carmella Naccarato	Name of Father: Antonio (Tony) Naccarato
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 8, 1970	

FORM BH 56067

2-5-70

London, Atty

APR 8 1970



242-22-023-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-309

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louise Edith Maria Puschmann		2. Date of Birth (month) (day) (year): Sept. 22 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Gem (Canyon?) b. City or Town of Birth: Pearl
FATHER	6. Full Name of Father: Reinhold E. Puschmann		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Ida Häder		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Louise Case	11. Present Address of Registrant: 5400 N.E 40th Ave Vanc. Wash.
NOTARY (seal)	Subscribed and sworn to before me on: APRIL 7th 1970	12. Signature of Notary: Lester P. Campbell	13. Notary Commission expires: Feb. 4th 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of baptismal certificate	By whom issued and signed: H.A.Kahle,Ev.Luth.Pastor	Date Issued: -----	Date Orig. Entry: May 24,1914
	Date of Birth: Sep.22,1912 / Birth Place: Pearl, Idaho	Full Name of Mother: Ida Hader	Name of Father: R. Puschmann	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Occidental Life Ins. Co. of California, L.A., CA	Date Issued: ---	Date Orig. Entry: Sept.8,1937
	Date of Birth: Sep.22,1912 / Birth Place: Pearl, Idaho	Full Name of Mother: Ida Puschmann	Name of Father: Reinhold Puschmann	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record	By whom issued and signed: Northern Idaho College of Education, Lewiston, Idaho	Date Issued: ----	Date Orig. Entry: 1931
	Date of Birth: Sep.22,1912 / Birth Place: Pearl, Idaho	Full Name of Mother: Mrs. R. Puschmann	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	April 8, 1970

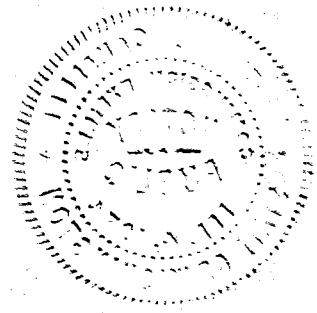
FORM BH 56067

ICP Rec # 21011

3-19-70

Purchased

APR 8 1970



955-101-036-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-447

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM ARTHUR RENKE		2. Date Of Birth (month) October (day) 1 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County -Oneida b. City or Town of Birth: American Falls, Idaho
FATHER	6. Full Name of Father: JACOB RENKE		7. State or Country of Father's Birth: RUSSIA
MOTHER	8. Full Maiden Name of Mother: MAGDALENA SCHMIRER		9. State or Country of Mother's Birth: RUSSIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Arthur Renke	11. Present Address of Registrant: 4641 Decatur Street Denver, Colorado 80211
NOTARY (Seal)	Subscribed and sworn to before me on April 29, 1970	12. Signature of Notary: [signature]	13. Notary Commission expires: November 19, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #23203C	By whom issued and signed: State of Colorado	Date Issued: Jan.21,1970	Date Orig. Entry: child born Dec.28,1942
	Date of Birth: Age: 30 / Birth Place: American Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Washington National Ins. Co.	Date Issued: ---	Date Orig. Entry: Mar.22,1962
	Date of Birth: Oct.1,1912 / Birth Place: American Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: Jacob and Magdeline Renke	Date Issued: May 5,1970	Date Orig. Entry: ---
	Date of Birth: Oct.1,1912 / Birth Place: American Falls, Idaho	Full Name of Mother: Magdalena Renke	Name of Father: Jacob Renke	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 11, 1970

FORM BH 56067

1 Ca Pd Lic # 33308

4-17-70

JUN 11 1970

356-122-007-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-483

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Tideon Leroy Leonard
2. Date of Birth: 5 (month) 22 (day) 1912 (year)
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County (now): Blaine (Camas); b. City or Town of Birth: Soldier

FATHER

6. Full Name of Father: William Leroy Leonard
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Clarice Nellie Farnsworth
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Tideon Leroy Leonard
11. Present Address of Registrant: Box 335 Deer Park Wn. 99006

NOTARY (Seal)

Subscribed and sworn to before me on: June 10 1970
12. Signature of Notary: Nathan W Higgs
13. Notary Commission expires: May 14 1974

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by older brother	Chester A. Gull Age:68	June 10,1970	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 22,1912 / Soldier, Idaho	Clarice Nellie (Farnsworth) Leonard	William L. Leonard	
SUPPORTING RECORD 2.	Own child's birth certificate	On file Idaho #244210	----	child born June 16,1936
	Age: 24 / Soldier, Idaho	---	----	
SUPPORTING RECORD 3.	photocopy of marriage license affidavit	Gem County, Idaho #551	----	Sept.18,1935
	Age: 23 / ---	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barron
Evidence reviewed by: Glenda Larson
Date Filed: June 18, 1970

FORM BH 56067

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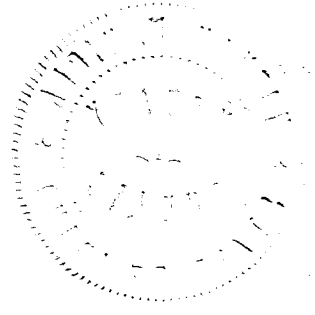


414-218-003-336

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-489

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen Lloyd Maughan		2. Date Of Birth (month) Oct (day) 18 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Central Bannock	b. City or Town of Birth: Idaho, Wellsville, Cache Co
FATHER	6. Full Name of Father: Daniel Parkinson Maughan		7. State or Country of Father's Birth: Wellsville, Cache Co, Idaho	
MOTHER	8. Full Maiden Name of Mother: Alice Haslam Lloyd		9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen Lloyd Maughan	11. Present Address of Registrant: 20 S. 700 E. #3 Provo, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: May 30 1970	12. Signature of Notary	13. Notary Commission expires: Sept. 14 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #54-10078	Date Issued: ----	Date Orig. Entry: child born Aug. 7, 1954	
	Date of Birth: Age:41 ;	Birth Place: Central, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Alice Haslam Lloyd Maughan	Date Issued: May 30, 1970	Date Orig. Entry: ----	
	Date of Birth: Oct. 18, 1912	Birth Place: Central, Idaho Bannock County	Full Name of Mother: Alice Haslam Lloyd Maughan	Name of Father: Daniel Parkinson Maughan	
SUPPORTING RECORD 3.	Type of Document: photocopy of church membership record	By whom issued and signed: LDS Church, Grace Ward, Bannock Stake	Date Issued: ----	Date Orig. Entry: baptized Aug. 6, 1921	
	Date of Birth: Oct. 18, 1912	Birth Place: Central, Idaho Bannock County	Full Name of Mother: Alice Haslam Lloyd	Name of Father: Daniel Parkinson Maughan	
QUALIFYING INFORMATION					

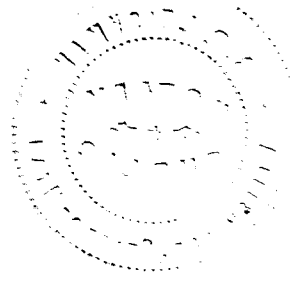
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 22, 1970

FORM BH 56067

JUL 23 1970



165-226-026-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-519

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Edna Jones			2. Date of Birth (month) (day) (year): September 26. 1912
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Menan
FATHER	6. Full Name of Father: Jacob Wilber Jones			7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Gladys Mason Green			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Edna Rafe		11. Present Address of Registrant: 1137 E. Sublette, Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 14 1969	12. Signature of Notary: R. Barton		13. Notary Commission expires: Sept. 10 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Jun.11,1969	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Gladys G. Jones	Name of Father: Jacob Jones	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #200313		Date Issued: ----	Date Orig. Entry: child born Mar.18,1932
	Date of Birth: Age: 19	Birth Place: Menan, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding insurance policy #391 939 M1	By whom issued and signed: Metropolitan Life, John J. Korn Head Office Vice-Pres., Ins. Adm.		Date Issued: June 15, 1970	Date Orig. Entry: Dec.1,1940
	Date of Birth: Sept.26,1912	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subatentiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	July 10, 1970

FORM BH 56067

4-23-60

Golfe

JUL 10 1970

365-222-009-143

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-572

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARA AMELIA CONRAD		2. Date Of Birth (month) August (day) 22 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonner County; b. City or Town of Birth: Sandpoint, Idaho
FATHER	6. Full Name of Father: John Fred Conrad		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Amelia Jutter		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Schutt Clara Amelia Sc Conrad	11. Present Address of Registrant: N. 419 Felts Road Opportunity, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: June 4 1970	12. Signature of Notary: Walter L. Peterson Jr.	13. Notary Commission expires: Feb 28 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Dec.21,1960	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7 / Birth Place: Idaho	Full Name of Mother: Emmilia L. Conrad	Name of Father: John F. Conrad	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #538-26-6659	By whom issued and signed: Social Security Adm.	Date issued: ---	Date Orig. Entry: June 4,1946
	Date of Birth: Aug.22,1912 / Birth Place: Sandpoint, Idaho Bonner County	Full Name of Mother: Amelia Jutter	Name of Father: John F. Conrad	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt (more than 10 years older)	By whom issued and signed: Mrs. Emma Jones	Date issued: Jan.13,1962	Date Orig. Entry: ----
	Date of Birth: Aug.22,1912 / Birth Place: Sandpoint, Idaho Bonner County	Full Name of Mother: Amelia Yeutter Conrad	Name of Father: John Frederick Conrad	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	August 6, 1970

FORM BH 56067

10-18-60

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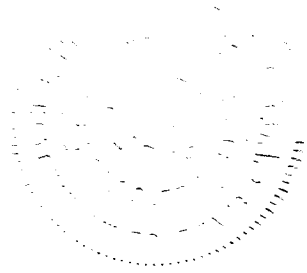


695-718-010-637

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-580

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Ottley Freeman			2. Date of Birth (month) December (day) 18 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Ucon
FATHER	6. Full Name of Father: William Edward Freeman			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Harriet Sophia Ottley			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter O. Freeman		11. Present Address of Registrant: 216 Almond St Pocatello
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 3 1970	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: ____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

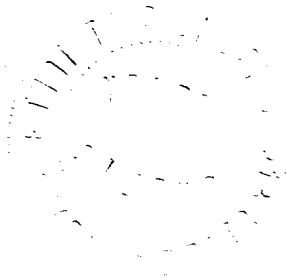
SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt	By whom issued and signed: Annie Maxfield	Date Issued: Feb.9,1970	Date Orig. Entry: ----
	Date of Birth: Dec.18,1912 / Birth Place: Ucon, Idaho	Full Name of Mother: Harriet Sophia Ottley	Name of Father: William Edward Freeman	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 410090	Date Issued: -----	Date Orig. Entry: child born Aug 19, 1945
	Date of Birth: Age 29 / Birth Place: Ucon, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, W.P.Fifield,Clk.	Date Issued: Feb.6,1921	Date Orig. Entry: baptized Feb.6,1921
	Date of Birth: Dec.18,1912 / Birth Place: Willow Creek,* Idaho	Full Name of Mother: -----Ottley	Name of Father: William Freeman	
QUALIFYING INFORMATION	* Ucon was first known as Willow Creek - The Idaho Encyclopedia printed in 1938.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Larson	Evidence reviewed by: Glenda Larson	Date Filed: August 18, 1970

FORM BH 56067

1 cpd pd rec# 8962

AUG 18 1970



763-128-039-342

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 70-583**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Lusher Pollard		2. Date Of Birth (month) March (day) 28 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Power County, Idaho; b. City or Town of Birth: Roy
FATHER	6. Full Name of Father: Oliver W. Pollard		7. State or Country of Father's Birth: Washington State
MOTHER	8. Full Maiden Name of Mother: Auril Lusher		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Lusher Pollard	11. Present Address of Registrant: 313-A Hilborn-Lodi, Cal
NOTARY (Seal)	Subscribed and sworn to before me on: July 22 1970	12. Signature of Notary: Jacob P. Liebig	13. Notary Commission expires: June 20, 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: George Francis Pollard (4-30-1889)	Date Issued: Aug.20,1968	Date Orig. Entry: ----
	Date of Birth: Mar.28,1912	Birth Place: farm at Roy, Idaho Power County	Full Name of Mother: Auril Lusher Pollard	Name of Father: Oliver W. Pollard
SUPPORTING RECORD 2.	Type of Document: Insurance policy #32 122 164	By whom issued and signed: The Prudential Insurance Co. of America	Date Issued: Aug.18,1953	Date Orig. Entry: July 28,1953
	Date of Birth: Mar.28,1912	Birth Place: Roy, Idaho USA	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: photocopy of school record	By whom issued and signed: High School Record American Falls, Idaho	Date Issued: ---	Date Orig. Entry: Sept.14,1925
	Date of Birth: Age: 13	Birth Place: ---	Full Name of Mother: ----	Name of Father: O. W. Pollard
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	August 20,1970

FORM BH 56067 [illegible] 6-20-66

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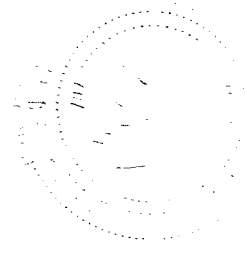


386-123-014-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-586

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carl Norton Thompson		2. Date of Birth (month) June (day) 23 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: (Caldwell, Ida) Canyon; b. City or Town of Birth: Caldwell, Idaho
FATHER	6. Full Name of Father: John Tillman Thompson		7. State or Country of Father's Birth: Tiger, Georgia
MOTHER	8. Full Maiden Name of Mother: Amanda Elizabeth Norton		9. State or Country of Mother's Birth: Pine Mountain, Georgia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl N. Thompson	11. Present Address of Registrant: Jerome, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 7-30 1970	12. Signature of Notary: [signature]	13. Notary Commission expires: 5-7 1973

((APPLICANT - DO NOT WRITE BELOW THIS LINE))

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible Record	Date issued: ----	Date Orig. Entry: appears old
	Date of Birth: June 23,1912	Birth Place: Caldwell, Idaho	Full Name of Mother: Amanda E. Thompson (nee Norton)	Name of Father: John T. Thompson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Age from Marriage Record		By whom issued and signed: Twin Falls County Recorder's Office, Idaho	Date issued: Jul.30,1970	Date Orig. Entry: June 10,1935
	Date of Birth: Age: 22	Birth Place: -----	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #53407		By whom issued and signed: Old West Life Ins. Co., Boise, Idaho	Date issued: Dec.28,1960	Date Orig. Entry: Dec.28,1960
	Date of Birth: June 23,1912	Birth Place: -----	Full Name of Mother: Amanda E. Thompson	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	August 20, 1970

FORM BH 56067

1 cp + dd rec # 31769.

7-27-70 [initials]

AUG 2 1 1970

666-109-023-861

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-595

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ted Wood
2. Date of Birth (month) (day) (year): 6 - 9 - 1912
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Falk Store, Ida. Gem
b. City or Town of Birth: Falk Store

FATHER

6. Full Name of Father: Arthur Wood
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Matilda Hoagland
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ted Wood
11. Present Address of Registrant: Route 2, Nampa, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 25 1970
12. Signature of Notary: L. Ruben Jensen
13. Notary Commission expires: 6/26/73 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother age 86	Matilda Hoagland Wood	Aug 25,1970	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jun.9,1912 / Falk Store,Idaho	Matilda Hoagland	Arthur Wood	
SUPPORTING RECORD 2.	Certificate of Baptism	L.D.S.Church	Nov.3,1929	Baptized sept.8,1929
	Jun.9,1912 / Falk Store,Idaho	Matilda L. Hoagland	Arthur Wood	
SUPPORTING RECORD 3.	Certificate of Blessing	L.D.S.Church	Aug.10,1912	Blessed Aug.4,1912
	Jun.9,1912 / Idaho	Matilda Hoagland	Arthur Wood	

QUALIFYING INFORMATION

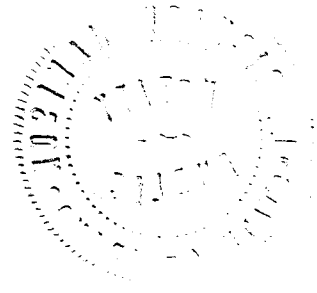
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	August 26, 1970

FORM BH 56067

AUG 2 6 1970



585

553401-034-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 70-617**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pierce Billings Nelson		2. Date Of Birth (month) Feb (day) 1 (year) 1912
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Minidoka b. City or Town of Birth: Heyburn Idaho.
FATHER	6. Full Name of Father: Charles Christian Nelson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Eunice Billings		9. State or Country of Mother's Birth: Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pierce Billings Nelson	11. Present Address of Registrant: 1395 Daily Drive San Leandro Calif
NOTARY (Seal)	Subscribed and sworn to before me on: August 29 1970	12. Signature of Notary: Richard L. Winkler	13. Notary Commission expires: April 8 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S Church	Date Issued: Jul 12,1970	Date Orig. Entry: Baptized June 1,1935
	Date of Birth: Feb.1,1912 / Birth Place: Heyburn, Idaho	Full Name of Mother: Eunice Billings	Name of Father: Charles C. Nelson	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: # 53-190243 Calif. Dept. of Health	Date Issued: Jul 24,1970	Date Orig. Entry: Child born Aug 18, 1953
	Date of Birth: Age 41 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S.Dept. of Commerce	Date Issued: Aug.24,1970	Date Orig. Entry: Census taken Jan 1, 1920
	Date of Birth: Age 7 / Birth Place: Idaho	Full Name of Mother: Eunice Nelson	Name of Father: Charles C. Nelson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

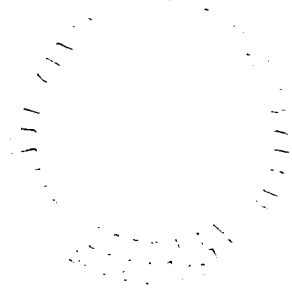
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Sept.8,1970

FORM BH 56067

7-22-70

SEP 8 1970



L17

863-129-003-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-682

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Benjamin Franklin Hottel
2. Date Of Birth: (month) Aug (day) 29 (year) 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Pocatello Idaho

FATHER

6. Full Name of Father: Benjamin Franklin Hottel
7. State or Country of Father's Birth: Virginia

MOTHER

8. Full Maiden Name of Mother: Esther Ann Nelson
9. State or Country of Mother's Birth: Utah Cache County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ben F Hottel
11. Present Address of Registrant: 560 Willard Ave

NOTARY (Seal)

Subscribed and sworn to before me on: July 1 1970
12. Signature of Notary: Vida Albertson
13. Notary Commission expires: September 20 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, E.L. Davidson, Mission Pres., N. Pocatello Stake	July 4, 1954	baptized July 3, 1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 29, 1912	Pocatello, Idaho Bannock County	Esther Ann Nelson	Benjamin Franklin Hottel

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister	Jantha Hottel Culbertson (bd. 7-6-1898)	Jul. 29, 1970	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 29, 1912	Pocatello, Idaho	----	-- --

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #247766	----	child born Sept. 22, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	Pocatello, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

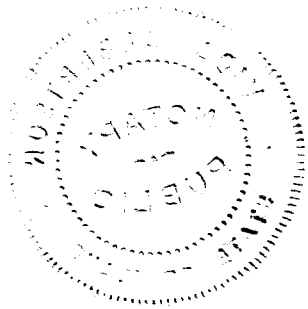
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Sept. 29, 1970

FORM BH 56067

5-20-71

SEP 30 1970



466 106-033-522

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-695

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jack Moore			2. Date of Birth (month) (day) (year): October 6, 1912
	3. Color or Race: Cauc.	4. Sex: M	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Thomas Moore			7. State or Country of Father's Birth: South Carolina
MOTHER	8. Full Maiden Name of Mother: Lula Eskew			9. State or Country of Mother's Birth: Georgia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jack Moore	11. Present Address of Registrant: 411 Encinal Ave. Roseville, Ca. 95678
NOTARY (Seal)	Subscribed and sworn to before me on: 2 Sept 1970		12. Signature of Notary: Gerald Stan	13. Notary Commission expires: 11-25 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Salt Lake City 8th Ward, Wm. Harold Reysor, Clerk	Date Issued: Feb.5,1927	Date Orig. Entry: baptized Feb.5,1927
	Date of Birth: Oct.6,1912	Birth Place: Rexburg, Idaho	Full Name of Mother: Lula Eskew	Name of Father: Thomas Moore	
SUPPORTING RECORD 2.	Type of Document: photocopy of military record honorable discharge		By whom issued and signed: W.R.Speidell,2nd Lt. MAC SEP CEN FT DOUGLAS,UT Army Air Force	Date Issued: sep. June 1, 1945	Date Orig. Entry: Inducted Feb.18,1941
	Date of Birth: Oct.6,1912	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for employment		By whom issued and signed: City of Roseville,CA, Dept.of Personnel Rating	Date Issued: ----	Date Orig. Entry: May 28,1959
	Date of Birth: Oct.6,1912	Birth Place: Rexburg, Idaho	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

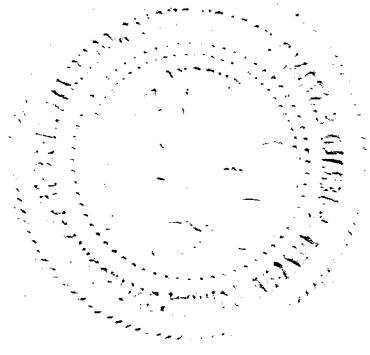
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	October 5, 1970

FORM BH 56067

8-12-70

OCT 5 1970



168-104-001-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-719

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wealthy Vernon Johnson			2. Date Of Birth (month) (day) (year): Oct. 4, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho — Ada	b. City or Town of Birth: Meridian (Rural)
FATHER	6. Full Name of Father: Wealthy Howard Johnson			7. State or Country of Father's Birth: Penn.
MOTHER	8. Full Maiden Name of Mother: Olga Regina Olsen			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wealthy Vernon Johnson		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 19 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father age 79Yr.	By whom issued and signed: Father-W.Howard Johnson	Date Issued: May 20,1952	Date Orig. Entry: ---------
	Date of Birth: Oct.4,1912 / Birth Place: Meridian,Idaho	Full Name of Mother: Olga Regina Olsen	Name of Father: Wealthy Howard Johnson	
SUPPORTING RECORD 2.	Type of Document: Statement of School Record	By whom issued and signed: Grants Pass Public Schools Mrs. Nettie Schweinfurt-Sec.	Date Issued: April30,1952	Date Orig. Entry: Sept 10,1921
	Date of Birth: Oct. 4,1912 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: W. H. Johnson	
SUPPORTING RECORD 3.	Type of Document: Voting Record	By whom issued and signed: Vernon Johnson -Elector Republican Party	Date Issued: Sept. 12, 1960	Date Orig. Entry: April 15, 1952
	Date of Birth: Oct.4,1912 / Birth Place: ------	Full Name of Mother: Olga Johnson	Name of Father: Howard Johnson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sue Lowe	Oct. 19, 1970

FORM BH 56067

6-1-70

OCT 1 9 1970

618-21014-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-750

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Elizabeth Way			2. Date Of Birth (month) October (day) 17, (year) 1912
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Canyon County	b. City or Town of Birth: Fargo Community south ofWilder
FATHER	6. Full Name of Father: Myron Dawe Way			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Fern Columbia Field			9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Elizabeth Way King		11. Present Address of Registrant: Box 672, Grand Canyon, Ariz.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 2, 1970	12. Signature of Notary: Eagle M. Smith		13. Notary Commission expires: My Commission Expires Dec. 20, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #2422333	Date Issued: ---	Date Orig. Entry: child born Apr.13,1936
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person who visited the day after the birth		By whom issued and signed: Age:71 Florence Allebaugh Mathiesen	Date Issued: Sept.25,1970	Date Orig. Entry: ----
	Date of Birth: Oct.17,1912	Birth Place: Fargo Community, near Wilder, Idaho	Full Name of Mother: Fern C. Field	Name of Father: Myron D. Way	
SUPPORTING RECORD 3.	Type of Document: pages from family Bible		By whom issued and signed: Family records in Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Oct.17,1912	Birth Place: Fargo, Idaho	Full Name of Mother: Fern C. Field Way	Name of Father: Myron D. Way	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

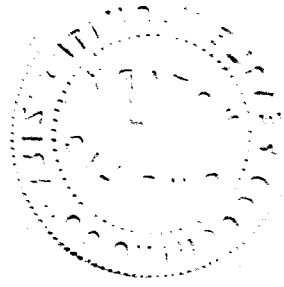
State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	October 29,1970

FORM BH 56067

8-21-70

King

OCT 29 1970



743-218-042-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-757

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rainey Geneva Puckett
2. Date of Birth (month) (day) (year): May 18, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Twin Falls; b. City or Town of Birth: Hansen

FATHER

6. Full Name of Father: James Calvin Puckett
7. State or Country of Father's Birth: MISSISSIPPI

MOTHER

8. Full Maiden Name of Mother: Della Mary Lindley
9. State or Country of Mother's Birth: TEXAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rainey Geneva Scherer (Puckett)
11. Present Address of Registrant:

NOTARY (seal)

Subscribed and sworn to before me on: October 30 1970

12. Signature of Notary: Mary C Hahn
13. Notary Commission expires: MY COMMISSION EXPIRES SEPT. 6, 1971 19

MARY C. HAHN NOTARY PUBLIC SANTA CLARA COUNTY

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of marriage license and certificate	Santa Clara County, Calif.	----	Aug.5,1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 25 / Idaho	---	---	
SUPPORTING RECORD 2.	photocopy insurance policy #32362626	Metropolitan Life Ins. Co.	Mar.24,1924	Mar.24,1924
	age next bd. 12 / ----	---	---	
SUPPORTING RECORD 3.	Affidavit by sister	Mary M. Poulton (bd.7/30/1897)	Oct.21,1970	---
	May 18,1912 / Hansen, Idaho	Della Mary Lindley	James Calvin Puckett	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: Nov. 5, 1970

FORM BH 56067

NOV 5 1970

122-204-007-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-793

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Naomi Abbott			2. Date of Birth (month) (day) (year): May 4, 1912
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Carey
FATHER	6. Full Name of Father: Edward Lee Abbott			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Margaret Ransom			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Naomi A Lynn		11. Present Address of Registrant: 1000 N. Liberty-Boise
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 26 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 70	By whom issued and signed: Leona Abbott Coates		Date Issued: Mar.6,1968	Date Orig. Entry: ------
	Date of Birth: May 4,1912	Birth Place: Carey,Idaho	Full Name of Mother: Margaret Ransom	Name of Father: Edward Lee Abbott	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Ohio #45158		Date Issued: May 24,1955	Date Orig. Entry: child born ~~Jun.13,1937~~
	Date of Birth: Age 25	Birth Place: Carey, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Copy of Social Security Application	By whom issued and signed: U S Treasury Dept. Internal Revenue Service		Date Issued: Nov.10,1970	Date Orig. Entry: June 27,1938
	Date of Birth: May 4, 1912	Birth Place: Carey, Idaho	Full Name of Mother: Margaret R. Ransom	Name of Father: Edward Lee Abbott	
QUALIFYING INFORMATION					

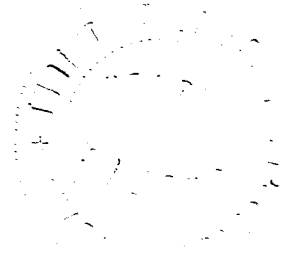
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Sue Lowe	Nov. 23, 1970

FORM BH 56067

NOV 23 1970



462-131-003-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-821

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Commodore Elroy Moss		2. Date of Birth (month) October (day) 31 (year) 1912
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Lava Hot Springs
FATHER	6. Full Name of Father: Commodore Earl Moss		7. State or Country of Father's Birth: Portage, Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Viola Monroe Martin		9. State or Country of Mother's Birth: Clifton Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Commodore Elroy	11. Present Address of Registrant: 9313 - Barth St. Elk Grove
NOTARY (Seal)	Subscribed and sworn to before me on: August 13 1970	12. Signature of Notary: Vilatin J Tinor (M Moss)	13. Notary Commission expires: June 18, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Own Childs birth Certificate	By whom issued and signed: State of Idaho File # 263902	Date issued: ------	Date Orig. Entry: Child born Feb.8,1938
	Date of Birth: Age 25 Yrs. / Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: U. S. Social Security Application for Account No.	By whom issued and signed: U. S. Treasury Dept. Dec.15, 1936	Date issued: Dec.15,1936	Date Orig. Entry: ------
	Date of Birth: Oct.31,1912 / Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: Viola Monroe Martin	Name of Father: Commodore Earl Moss	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 66 Yr	By whom issued and signed: Hazel Monroe Ranstrom	Date issued: ------	Date Orig. Entry: June 2,1954
	Date of Birth: Oct.31,1912 / Birth Place: Lava Hot Springs Idaho	Full Name of Mother: Sarah Viola Monroe Martin	Name of Father: Commodore Earl Moss	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sue Lowe	Dec. 16, 1970

FORM BH 56067

3-31-70

DEC 1 6 1970

719424.016-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-842

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHER-JAY PARKE		2. Date Of Birth (month) (day) (year): Dec 24 1912
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Malta Cassia; b. City or Town of Birth: Malta
FATHER	6. Full Name of Father: Ether Parke		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Cecelia Hutichson		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Ether J Parke	11. Present Address of Registrant: Malta, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 26 October 1970	12. Signature of Notary: Gene Baxter	13. Notary Commission expires: May 3 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age:79		By whom issued and signed: Martha Jane Hitt	Date issued: Oct.26,1970	Date Orig. Entry: ---
	Date of Birth: Dec.24,1912	Birth Place: Malta, Idaho	Full Name of Mother: Cecelia Hutchison	Name of Father: Ether Parke	
SUPPORTING RECORD 2.	Type of Document: Record of Membership		By whom issued and signed: LDS Church, W. O. Briggs	Date issued: ----	Date Orig. Entry: baptized Aug.18,1945
	Date of Birth: Dec.24,1912	Birth Place: Malta, Idaho Cassia County	Full Name of Mother: Cecelia Hutchison	Name of Father: Ether Parke	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate #245		By whom issued and signed: State of Utah	Date issued: Nov.18,1970	Date Orig. Entry: child born May 25,1943
	Date of Birth: Age; 30	Birth Place: Malta, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	December 21,1970

FORM BH 56067 1 copy Pd Rec # 00 / 10-2-70

DEC 21 1970

256-205-029-244

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 71-009**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VOLGA BETRIC SNOEN		2. Date Of Birth (month) (day) (year): FEB 5 1912
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: HOME FIX RIDGE JULIAETTA LATAH; b. City or Town of Birth: JULIAETTA, IDAHO
FATHER	6. Full Name of Father: ELLING HANSON SNOEN		7. State or Country of Father's Birth: NORWAY
MOTHER	8. Full Maiden Name of Mother: ANNIE DUMBUE		9. State or Country of Mother's Birth: NORWAY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Volga S. Camp	11. Present Address of Registrant: P.O. BOX 384 ARBUCKLE, CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on 54 DEC 14 1970 19	12. Signature of Notary: Lillian Rose	13. Notary Commission expires: June 14 1971

LILLIAN ... NOTARY PUBLIC ... COUNTY OF COLUSA

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: The Purple Cross Plan		By whom issued and signed: Funeral Service Assoc., Inc. Seattle, WA	Date issued: June 13,1958	Date Orig. Entry: June 13,1958
	Date of Birth: Feb.5,1912	Birth Place: Juliaetta, Idaho	Full Name of Mother: Annie Dumbeau	Name of Father: Elling H. Snoen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother		By whom issued and signed: Herman Snoen (bd. 4/15/01)	Date issued: Dec.10,1970	Date Orig. Entry: ---
	Date of Birth: Feb.5,1912	Birth Place: Fix Ridge near Juliaetta, Idaho	Full Name of Mother: Annie Dumbue Snoen	Name of Father: Elling Hanson Snoen	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: Gerhard A. Peterson, Pastor	Date issued: May 5,1912	Date Orig. Entry: baptized May 5,1912
	Date of Birth: Feb. 5, 1912	Birth Place: ----	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	January 7, 1971

FORM BH 56067

JAN 8 1971

295-120-092-248

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-036

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evert Glenn Brewer			2. Date Of Birth (month) April (day) 20 (year) 1912	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Twin Falls County, Idaho	b. City or Town of Birth: Hanson	
FATHER	6. Full Name of Father: W. F. Brewer			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Irma Irene Kuhn Brewer			9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glenn Brewer		11. Present Address of Registrant: 1020 South Tenth Avenue, St. Charles, Illinois 60174	
NOTARY (Seal)	Subscribed and sworn to before me on: December 19 1970	12. Signature of Notary: Margaret Brewer		13. Notary Commission expires: June 22 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: W. F. Brewer		Date Issued: Nov.14,1970	Date Orig. Entry: ----
	Date of Birth: Apr.20,1912	Birth Place: Hanson, Idaho Twin Falls County	Full Name of Mother: Irma Irene Kuhn Brewer	Name of Father: W. F. Brewer	
SUPPORTING RECORD 2.	Type of Document: Statement & photocopy of local Union #1248 records	By whom issued and signed: Carpenters and Joiners of America, Geneva, IL, A. Olsson,		Date Issued: Nov.17,1970	Date Orig. Entry: July 23,1962
	Date of Birth: Apr.20,1912	Birth Place: Hanson, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage record #9364	By whom issued and signed: Jacksonville, Illinois, Morgan County Recorder's Office		Date Issued: Nov.17,1970	Date Orig. Entry: July 29,1936
	Date of Birth: Age: 24	Birth Place: Hansen, Idaho	Full Name of Mother: Erma Kuhn	Name of Father: W. F. Brewer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	January 13,1971

FORM BH 56067

JAN 14 1971

265416-028 454

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-073

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth**: George Henry Sonnichsen		**2. Date of Birth** (month) June (day) 16 (year) 1912
	3. Color or Race: White	**4. Sex**: Male	**5. Place of Birth** a. County: Idaho Kootenai; b. City or Town of Birth: Coeur d' Alene, Idaho
FATHER	**6. Full Name of Father**: George William Sonnichsen		**7. State or Country of Father's Birth**: Chicago, Ill.
MOTHER	**8. Full Maiden Name of Mother**: Emma Mathilda Andersen		**9. State or Country of Mother's Birth**: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	**10. Signature of Registrant**: [signature]	**11. Present Address of Registrant**: 2716 6th St. Coeur d' Alene, Ida ho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 31 1970	**12. Signature of Notary**: [signature]	**13. Notary Commission expires**: 5-15-1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of baptismal certificate		By whom issued and signed: Lutheran Church, Coeur d' Alene, Idaho	Date Issued: ----	Date Orig. Entry: baptized Aug.25,1912
	Date of Birth: June 16,1912	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Emma Mathilda Sonnichsen	Name of Father: George Wm. Sonnichsen	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of Confirmation		By whom issued and signed: P.J.Luvans, Pastor, Trinity Lutheran Church, Coeur d'Alene,	Date Issued: ID --	Date Orig. Entry: confirmed June 5,1927
	Date of Birth: June 16,1912	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital birth certificate for own child		By whom issued and signed: Lake City General Hospital, Coeur d'Alene, Idaho	Date Issued: ----	Date Orig. Entry: child born Dec.12,1941
	Date of Birth: June 16,1912	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Glenda Larson	Date Filed: January 28,1971

FORM BH 56067

12-9-70

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JAN 29 1971

SEP 18 1974

869413-025-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-078

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JACOB MAURICE YORK		2. Date Of Birth (month) Feb (day) 13 (year) 1912
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Latah; JULIETTA IDAHO; b. City or Town of Birth: JULIETTA
FATHER	6. Full Name of Father: GEORGE VIRGIL YORK		7. State or Country of Father's Birth: ARKANSAS
MOTHER	8. Full Maiden Name of Mother: MARTHA ELLEN BALDWIN		9. State or Country of Mother's Birth: KENTUCKY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J M York	11. Present Address of Registrant: RR#2, COURTENAY, B.C.
NOTARY (Seal)	Subscribed and sworn to before me on: 5 January 1971	12. Signature of Notary: [signature]	13. Notary Commission expires: for life 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Union Book - Due Book	By whom issued and signed: United Brotherhood of Carpenters & Joiners of America	Date issued: Feb.6,1953	Date Orig. Entry: Feb.6,1933
	Date of Birth: Feb.13,1912	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: George Virgil York	Date issued: June 4,1968	Date Orig. Entry: ---
	Date of Birth: Feb.13,1912	Birth Place: Julietta, Idaho USA	Full Name of Mother: ----	Name of Father: George Virgil York
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage certificate #1226 of 1933	By whom issued and signed: Alberta, Canada Division of Vital Statistics	Date issued: Nov.24,1970	Date Orig. Entry: July 9,1933
	Date of Birth: Age: 21	Birth Place: Julietta, Idaho USA	Full Name of Mother: Martha Ellen Baldwin	Name of Father: George York
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	January 28,1971

FORM BH 56067

York

FEB 8 1971

498-126-026-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-133

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carl Melvin Mihlfeith
2. Date Of Birth (month) (day) (year): Jan. 26. 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Jefferson
b. City or Town of Birth: Lewisville.

FATHER

6. Full Name of Father: Carl Mihlfeith
7. State or Country of Father's Birth: Switzerland (Basel)

MOTHER

8. Full Maiden Name of Mother: Ethel Leona Poulsen
9. State or Country of Mother's Birth: Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carl Melvin Mihlfeith
11. Present Address of Registrant: St Anthony Idaho RT 2

NOTARY (Seal)

Subscribed and sworn to before me on: February 8 19 71
12. Signature of Notary: Willis H Larson by Joyce B Smith Dep.
13. Notary Commission expires: Clerk of District Court 19 ____

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by uncle	Aden L. Poulsen Age:71	Jan.26,1971	---
	Date of Birth / **Birth Place**: Jan.26,1912 / Lewisville	**Full Name of Mother**: Ethel Leona Poulsen	**Name of Father**: Carl Mihlfeith	
SUPPORTING RECORD 2.	photocopy of hospital certificate of own child's birth	Idaho Falls LDS Hospital, Ida.	---	child born April 26,1939
	Jan.26,1912 / Lewisville, Idaho	----	----	
SUPPORTING RECORD 3.	photocopy of hospital record	Madison Memorial Hospital, Rexburg, Idaho	---	Feb.22,1965
	Jan.26,1912 / Lewisville, Idaho	----	Carl Mihlfeith	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	Feb. 11, 1971

FORM BH 56067 (not paid)

2-4-71 RUSH gmd

FEB 12 1971
OCT 31 1974

416-215 1039-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-149

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Louise Dawson		2. Date Of Birth (month) June (day) 15 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Arbon Valley Power; b. City or Town of Birth: Arbon Valley - Power
FATHER	6. Full Name of Father: Lawrence Elmer Dawson		7. State or Country of Father's Birth: Westen Idaho
MOTHER	8. Full Maiden Name of Mother: Lula Jane Pellum		9. State or Country of Mother's Birth: Preston Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fern Louise Dawson Sapton	11. Present Address of Registrant: Rt 3 Box 123 Blackfoot, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 11-23- 1970	12. Signature of Notary: Roger G. Bickmore	13. Notary Commission expires: Notary Public Residing in Pocatello, Idaho. My commission expires November 14, 1973 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal aunt		By whom issued and signed: Lavina Palmer Age:72	Date issued: Dec.15,1970	Date Orig. Entry: ---
	Date of Birth: June 15,1912	Birth Place: Arbon Valley	Full Name of Mother: Lula Jane Pellum	Name of Father: Lawrence Elmer Dawson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #179355	Date issued: ---	Date Orig. Entry: child born Mar.16,1930
	Date of Birth: Age: 17	Birth Place: Arbon Valley,Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding medical records		By whom issued and signed: Ralph G. Goates,M.D.,Blackfoot Medical Clinic,Inc.,Idaho	Date issued: Feb.11,1971	Date Orig. Entry: Nov.27,1954
	Date of Birth: June 15,1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 17, 1971

FORM BH 56067

1 cp pd

3-18-70

FEB 17 1971

714-126-003-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-150

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MELVIN RAY GAMBLES		2. Date Of Birth (month) (day) (year): December 26, 1912
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Idaho a. County: Bannock b. City or Town of Birth: Swan Lake
FATHER	6. Full Name of Father: Albert Ray Gambles		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Harriet Hawes		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin Ray Gambles	11. Present Address of Registrant: 806 Wyldwood Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 13 1971	12. Signature of Notary: [signature]	13. Notary Commission expires: May 4, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of birth		By whom issued and signed: Oneida Stake, Swan Lake Ward, bir.&Bless. pg. 616 line 120	Date Issued: July 15,1965	Date Orig. Entry: Apr.6,1913
	Date of Birth: Dec.26,1912	Birth Place: Swan Lake, Idaho Bannock County	Full Name of Mother: Harriet Hawes	Name of Father: Albert R. Gambles	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Harriet H.Denney	Date Issued: Feb.13,1971	Date Orig. Entry: ---
	Date of Birth: Dec.26,1912	Birth Place: Swan Lake,Idaho	Full Name of Mother: Harriet H. Denney	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #290254	Date Issued: ---	Date Orig. Entry: child born Feb.29,1940
	Date of Birth: Age: 27	Birth Place: Swan Lake, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Berson	Glenda Larson	Feb. 17, 1971

FORM BH 56067 (G) 12-9-63. nm search made in Bannock County.

FEB 17 1971

168-110-003-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-154

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Ferrell Johnson	2. Date Of Birth (month) Feb. (day) 10 (year) 1912
	3. Color or Race: W; 4. Sex: M; 5. Place of Birth a. County: Idaho Bannock	b. City or Town of Birth: Downey
FATHER	6. Full Name of Father: Charles W. Johnson	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emma Pearson	9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Ferrell Johnson; 11. Present Address of Registrant: Rupert Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 1971	12. Signature of Notary: Gerrit Birkhe Clerk of the District Court; 13. Notary Commission expires: January 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Cambridge Ward, Pocatello Stake, W.A.Dewey, Bp.	Date issued: ---	Date Orig. Entry: blessed Feb.18,1912
	Date of Birth: Feb.10,1912; Birth Place: Downey, Idaho Bannock County	Full Name of Mother: Emma Pearson	Name of Father: Chas. W. Johnson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #239882	Date issued: ----	Date Orig. Entry: child born Jan.1,1936
	Date of Birth: Age: 23; Birth Place: Downey, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Old West Life Ins. Co.	Date issued: ----	Date Orig. Entry: Sept.21,1960
	Date of Birth: Feb.10,1912; Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 17, 1971

FORM BH 56067

12-10

FEB 18 1971

763-216-003-304

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-189

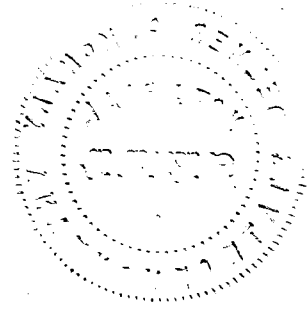
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie Madge Potter		2. Date of Birth (month) January (day) 16 (year) 1912
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Lava Hot Springs
FATHER	6. Full Name of Father: Warren Smith Potter		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Emeline Amelia Campbell		9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Annie Madge Potter Smith	11. Present Address of Registrant: 1845 Ster 130 - Butte Mont
NOTARY (Seal)	Subscribed and sworn to before me on: APR. 2 1971	12. Signature of Notary: Richard L. McKay	13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father Age 82	By whom issued and signed: Warren S. Potter	Date Issued: Oct.4,1968	Date Orig. Entry: -----	
	Date of Birth: Jan.16,1912	Birth Place: Lava Hot Springs	Full Name of Mother: Emeline Amelia Campbell	Name of Father: Warren Smith Potter	
SUPPORTING RECORD 2.	Type of Document: Marriage License # 23680	By whom issued and signed: Silver Bow Co. Montana	Date Issued: Jan 26,1937	Date Orig. Entry: Married Feb. 1, 1937	
	Date of Birth: Age 25	Birth Place: Lava Hot Springs	Full Name of Mother: Emeline Potter	Name of Father: W. S. Potter	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Dept. of Commerce	Date Issued: Feb.11,1971	Date Orig. Entry: Census taken Jan. 1920	
	Date of Birth: Age 8	Birth Place: Idaho	Full Name of Mother: Emeline Potter	Name of Father: Warren Potter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: March 5, 1971

FORM BH 56067



235-111-028-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-190

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OSCAR FITZ STEDMAN		2. Date Of Birth (month) (day) (year): APRIL 11 1912
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: KOOTENAI; b. City or Town of Birth: MEDAMONT
FATHER	6. Full Name of Father: WILLIAM PERRY STEDMAN		7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: MINNIE MAE HAZARD		9. State or Country of Mother's Birth: NEW YORK
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oscar F. Stedman	11. Present Address of Registrant: Stewart, Gilchrist Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: January 5 1971	12. Signature of Notary: M Elizabeth Stoeberg	13. Notary Commission expires: April 27 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: May 22,1961	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Minnie Stedman	Name of Father: William P. Stedman	
SUPPORTING RECORD 2.	Type of Document: Certified copy of return of marriage		By whom issued and signed: Lane County, Oregon	Date issued: Feb.18,1971	Date Orig. Entry: Dec.23,1933
	Date of Birth: Age: 21	Birth Place: Medmont, Idaho	Full Name of Mother: ---	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at time of birth		By whom issued and signed: Gladys Jorgenson Age:71	Date issued: Feb.10,1971	Date Orig. Entry: ---
	Date of Birth: Apr.11,1912	Birth Place: Medimont, Idaho	Full Name of Mother: Minnie Hazard Stedman	Name of Father: William Perry Stedman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml Glenda Larson	March 8, 1971

FORM BH 56067

1 cp pd Ref # 31624

4-25-68

MAR 9 1971

263-110-040-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-229

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Lamphere Solum		2. Date Of Birth (month) (day) (year): April 10, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Wallace, Idaho
FATHER	6. Full Name of Father: Orin Benjamin Solum		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Florence Agnes Lamphere		9. State or Country of Mother's Birth: Cheavelah, Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Lamphere Solum	11. Present Address of Registrant: Georgetown, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 8 1971	12. Signature of Notary: Kathryn Barrett	13. Notary Commission expires: 8/23/73 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Georgetown Ward, Lloyd M. Smith, Bishop	Date Issued: June 18,1967	Date Orig. Entry: baptized Nov.10,1933
	Date of Birth: Apr.10,1912; Birth Place: Wallace, Idaho Shoshone County	Full Name of Mother: Florence Lamphere	Name of Father: Orin B. Solum	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #358597	Date Issued: ---	Date Orig. Entry: child born Sep.9,1942
	Date of Birth: Age: 30; Birth Place: Wallace, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #1 548 673	By whom issued and signed: Kansas City Life Ins. Co.	Date Issued: ---	Date Orig. Entry: Jan.24,1960
	Date of Birth: Apr.10,1912; Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 19, 1971

FORM BH 56067 1cc. pd. 1cc #1237

2-4-71 gml

MAR 19 1971

693122.022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-238

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elwood Miller (Williams		2. Date of Birth (month) (day) (year): June 22 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Farnum Idaho
FATHER	6. Full Name of Father: John Ezra Williams		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Harriet Rhoda Williams		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elwood M Williams	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 1971	12. Signature of Notary	13. Notary Commission expires: 8/16 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Farnum Ward, Henry W. Smith, Bishop	Date Issued: ----	Date Orig. Entry: blessed Aug.4,1912
	Date of Birth: Jun.22,1912; Birth Place: Farnum, Idaho Fremont County	Full Name of Mother: Harriet R. Miller	Name of Father: John E. Williams	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism and confirmation	By whom issued and signed: LDS Church, Iver Hendrickson, Bishop	Date Issued: Sept.5,1920	Date Orig. Entry: baptized Sept.4,1920
	Date of Birth: Jun.22,1912; Birth Place: Farnum, Idaho Fremont County	Full Name of Mother: Harriet Miller	Name of Father: John E. Williams	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Apr.20,1936	Date Orig. Entry: Apr.18,1936
	Date of Birth: Jun.22,1912; Birth Place: Farnum, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	March 22, 1971

FORM BH 56067

MAR 23 197

133-214-003-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-244

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dora A. [illegible] Allsop			2. Date Of Birth (month) July (day) 14 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Niter	
FATHER	6. Full Name of Father: George Tanner Allsop			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Eliza Christensen			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dora A. Smith		11. Present Address of Registrant: Grace Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 19 71	12. Signature of Notary: [signature]		13. Notary Commission expires: Feb. 28, 1973 19	

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate copy of Certificate of Blessing	By whom issued and signed: LDS Church, Grace 1st Ward, Frank Stoddard, Bp.		Date Issued: Feb.7,1971	Date Orig. Entry: blessed Aug.4,1912
	Date of Birth: July 14,1912	Birth Place: Niter, Idaho Bannock County	Full Name of Mother: Eliza Christensen	Name of Father: George T. Alsop	
SUPPORTING RECORD 2.	Type of Document: Duplicate Copy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Grace 1st Ward, Frank Stoddard, Bp.		Date Issued: Feb.7,1971	Date Orig. Entry: baptized Apr.4,1920
	Date of Birth: July 14,1912	Birth Place: Niter, Idaho Bannock County	Full Name of Mother: Eliza Christensen	Name of Father: George T. Alsop	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Della Allsop Whitehead (b.d. 5-11-01)		Date Issued: Mar.12,1971	Date Orig. Entry: ----
	Date of Birth: July 14,1912	Birth Place: Niter, Idaho	Full Name of Mother: Eliza Christensen Allsop	Name of Father: George Tanner Allsop	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: March 23, 1971

FORM BH 56067

1-20-71

MAR 23 1971

295-116-040-000

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-257

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Maxwell Brett		2. Date Of Birth (month) May (day) 16 (year) 1912
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Kellogg
FATHER	6. Full Name of Father: Lincoln Abraham Brett		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Alice B K		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald M Brett	11. Present Address of Registrant: 1605-18th St - Lewiston Id.
NOTARY (Seal)	Subscribed and sworn to before me on: November 9 1970	12. Signature of Notary: Charles S. Thomas	13. Notary Commission expires: May 1, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding lodge records	By whom issued and signed: Stanley E. Buckley, Sec., Pullman Moose Lodge, Washington	Date issued: Feb.25,1971	Date Orig. Entry: Dec.3,1950
	Date of Birth: Age: 38	Birth Place: ----	Full Name of Mother: ---	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by person with direct personal knowledge	By whom issued and signed: Rowena Snyder Age:70	Date issued: Nov.9,1970	Date Orig. Entry: ---
	Date of Birth: May 16,1912	Birth Place: Kellogg, Idaho	Full Name of Mother: Alice B. Brett	Name of Father: Lincoln Abraham Brett
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record	By whom issued and signed: Memorial Hospital, Inc., Pullman, WA	Date issued: ---	Date Orig. Entry: July 12, 1960
	Date of Birth: May 16,1912	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	March 24, 1971

FORM BH 56067

MAR 25 1971

569-120-016-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-292

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GERALD ELMER NORDSTROM		2. Date Of Birth (month) (day) (year): FEBRUARY 20 1912
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: CASSIA; b. City or Town of Birth: BURLEY
FATHER	6. Full Name of Father: JOHN GABRIEL NORDSTROM		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: MARY JANE BLAKE		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gerald E. Nordstrom	11. Present Address of Registrant: 2736-59 St. Sacramento, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: March 10 1971	12. Signature of Notary: Eva J. Garcia	13. Notary Commission expires: August 26 1972

EVA J. GARCIA
NOTARY PUBLIC
SACRAMENTO COUNTY, CALIFORNIA
Commission Expires August 26, 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mary Jane Nordstrom Age:90	Date issued: Mar.4,1971	Date Orig. Entry: ---
	Date of Birth: Feb.20,1912	Birth Place: Burley, Idaho Cassia County	Full Name of Mother: Mary Jane Blake Nordstrom	Name of Father: John G. Nordstrom	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own childs birth certificate		By whom issued and signed: State of California	Date issued: Sep.22,1947	Date Orig. Entry: child born Oct.31,1946
	Date of Birth: Age: 34	Birth Place: Burley, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #10-413-106		By whom issued and signed: The Prudential Ins. Co. of America	Date issued: ----	Date Orig. Entry: Nov.17,1938
	Date of Birth: Feb.20,1912	Birth Place: Burley, Idaho USA	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	April 6, 1971

FORM BH 56067

2-11-71

APR 7 1971

866-127-029-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-295

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hugh John Howell		2. Date Of Birth (month) (day) (year): Sept. 27 1912
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Latah; b. City or Town of Birth: Rural-East of Garfield, Wn.
FATHER	6. Full Name of Father: Charles Howell		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Mary Boller		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hugh J. Howell	11. Present Address of Registrant: Plummer, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 1971	12. Signature of Notary: [signature]	13. Notary Commission expires: July 2 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle (19 years older)	By whom issued and signed: John Boller	Date Issued: Feb.5,1971	Date Orig. Entry: ---
	Date of Birth: Sep.27,1912 / Birth Place: Latah County, Ida.	Full Name of Mother: Mary Boller Howell	Name of Father: Charles Howell	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record Latah County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: July 30,1970	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7 / Birth Place: Idaho	Full Name of Mother: Mary Howell	Name of Father: Charles C. Howell	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage return #9746	By whom issued and signed: Whitman County, Washington	Date Issued: Mar.25,1971	Date Orig. Entry: Sept.12,1934
	Date of Birth: Age: 21 / Birth Place: Idaho	Full Name of Mother: Mary Boller	Name of Father: Charles Howell	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	April 7, 1971

FORM BH 56067

APR 8 1971

534-23-028-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-324

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HOWARD MILLOS ELDER			2. Date of Birth (month) April (day) 23 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Samuel James Elder			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mazy Xarfia Slaughter			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard Millos Elder		11. Present Address of Registrant: 1624 Coeur d'Alene Ave. Coeur d'Alene, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 16, 1971	12. Signature of Notary: Cecil Kelly Jr		13. Notary Commission expires: January 1, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister		By whom issued and signed: Naomi S. Powers (13 years older)	Date Issued: Apr.16,1971	Date Orig. Entry: Apr.16,1971
	Date of Birth: Apr.23,1912	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Mazy Xarfia Elder	Name of Father: Samuel James Elder	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Kootenai County, Idaho School Dist. #1	Date Issued: Apr.12,1971	Date Orig. Entry: Oct.3,1918
	Date of Birth: Age: 6	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of honorable discharge		By whom issued and signed: U.S. Army, Harvey D. Taylor, Lt. Col. Cavalry	Date Issued: discharged Nov.20,1945	Date Orig. Entry: inducted Jan.21,1943
	Date of Birth: Apr.23,1912	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	April 20, 1971

FORM BH 56067

4-6-71

APR 20 1971

495-201-018-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 71-366**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theresa Verna Minor		2. Date Of Birth (month) Nov (day) 1 (year) 1912
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Elk River, Idaho Clearwater; b. City or Town of Birth: Elk River, Idaho
FATHER	6. Full Name of Father: Virgil Grimes Minor		7. State or Country of Father's Birth: Huntsville, Missouri
MOTHER	8. Full Maiden Name of Mother: Theo Mabel Simpson		9. State or Country of Mother's Birth: Georgetown, Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Theresa V. Ferguson	11. Present Address of Registrant: P.O. Box 35 Butte Falls, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: April 3, 1970	12. Signature of Notary: Leslie J. Hathaway	13. Notary Commission expires: My Commission Expires Dec. 14, 1973 19

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Virgil Grimes Minor and Theo Mabel Simpson Minor	Date issued: June 25,1970	Date Orig. Entry: -----
	Date of Birth: Nov.1,1912	Birth Place: Elk River, Idaho Clearwater County	Full Name of Mother: Theo Mabel Simpson Minor	Name of Father: Virgil Grimes Minor
SUPPORTING RECORD 2.	Type of Document: Duplicate employment record (Beneficiary form	By whom issued and signed: Civil Service Comm., (Post-Office, Sub-clerk, Butte Falls, OR)	Date issued: July 30,1949	Date Orig. Entry: July 30,1949
	Date of Birth: Nov.1,1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #308	By whom issued and signed: State of Oregon	Date issued: Apr.27,1971	Date Orig. Entry: Child born Aug.5,1940
	Date of Birth: Age: 27	Birth Place: Elk River, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	May 4, 1971

FORM BH 56067

1cp pd rec #26925 2-19-70

MAY 4 1971

319-208 1035-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-451

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Beulah Carlson		2. Date Of Birth (month) August (day) 8 (year) 1912
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Lewiston, Nez Perce; b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Rudolph John Carlson		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Lucy Weber		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Beulah Carlson Sundt	11. Present Address of Registrant: 718 N-2nd St Santa Ana, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1971	12. Signature of Notary: [signature]	13. Notary Commission expires: July 7 1972

OFFICIAL SEAL
EDWARD L. TARR
NOTARY PUBLIC—CALIFORNIA
PRINCIPAL OFFICE IN
ORANGE COUNTY
My Commission Expires July 7, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family at time of birth	By whom issued and signed: Edith R. Weber Age: 81	Date issued: May 24,1971	Date Orig. Entry: ---
	Date of Birth: Aug.8,1912 / Birth Place: Lewiston, Idaho	Full Name of Mother: Mrs. Lucy Carlson	Name of Father: Mr. Rudolph Carlson	
SUPPORTING RECORD 2.	Type of Document: Certified copy of birth register	By whom issued and signed: City of Lewiston page 38 Nez Perce Co., ID (1908-21)	Date issued: May 14,1971	Date Orig. Entry: 1912
	Date of Birth: Aug.8,1912 / Birth Place: Nez Perce County, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license 19,023 & certificate	By whom issued and signed: Sherman County, OR Vl. C, Page 21	Date issued: May 17,1971	Date Orig. Entry: May 4,1940
	Date of Birth: Age: 27 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 9, 1971

FORM BH 56067

JUN 9 1971

845-107-006-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-481

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DAVE HUNT		2. Date Of Birth (month) 9 (day) 7 (year) 1912
	3. Color or Race: Male	4. Sex: White	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Firth Idaho
FATHER	6. Full Name of Father: WARREN LEE HUNT		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: EDNA A. HANSEN		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dave Hunt	11. Present Address of Registrant: 475 So LE Idaho Falls Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 8th Day of March 1971	12. Signature of Notary: Wanda Emmerson	13. Notary Commission expires: 4-19 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Edna A. Hunt Age:74		Date Issued: May 6,1971	Date Orig. Entry: ---
	Date of Birth: Sep.7,1912	Birth Place: Firth, Idaho Bingham County	Full Name of Mother: Edna Arave Hansen Hunt	Name of Father: Warren Lee Hunt	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #71529	By whom issued and signed: State of Montana		Date Issued: Mar.13,1970	Date Orig. Entry: child born Aug.19,1962
	Date of Birth: Age: 49	Birth Place: Firth, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for marriage license #12054	By whom issued and signed: Washington County, Oregon		Date Issued: June 7,1971	Date Orig. Entry: July 14,1959
	Date of Birth: Sept.7,1912	Birth Place: Firth, Idaho	Full Name of Mother: Edna Hansen	Name of Father: JohneHunt	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subtentiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	June 22, 1971

FORM BH 56067

2-2 71

JUN 22 1971

BOTH DELAYED

DUP OF 1912-42254

244-202-042-451

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-506

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Neallie Grace Sudderth			2. Date Of Birth (month) June (day) 2 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Rock Creek a. County: Twin Falls Co.	b. City or Town of Birth: Rock Creek Idaho
FATHER	6. Full Name of Father: Columbus Osborn Sudderth			7. State or Country of Father's Birth: Native Carolina
MOTHER	8. Full Maiden Name of Mother: Lillie Emma Deal			9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Neallie Grace Cherry		11. Present Address of Registrant: R.F.D. #1 Eden Ida. Zip 83325
NOTARY (Seal)	Subscribed and sworn to before me on: March 5 1971	12. Signature of Notary: Dorma T. Simmons		13. Notary Commission expires: July 25 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #257421	Date Issued: ----	Date Orig. Entry: child born July 7, 1937
	Date of Birth: Age: 25	Birth Place: Rock Creek, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Records in Bible	Date Issued: June 11, 1971	Date Orig. Entry: obviously old
	Date of Birth: June 2, 1912	Birth Place: ---	Full Name of ~~Mother~~ father: Columbus O. Sudderth	Name of ~~Father~~ Mother: Lillie E. Deal	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor	Age 72 (at time of br.)	By whom issued and signed: Dewey Greenfield	Date Issued: Jun. 24, 1971	Date Orig. Entry: -----
	Date of Birth: Jun. 24, 1971	Birth Place: Rock Creek, Idaho	Full Name of Mother: Lillie E. Deal	Name of Father: Colombus O. Sudderth	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	June 30, 1971

FORM BH 56067

12-8-70

JUN 30 1971

545-215-037-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-527

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Lucile Emery		2. Date Of Birth (month) Jan (day) 15 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Owyhee	b. City or Town of Birth:
FATHER	6. Full Name of Father: Albert Emery		7. State or Country of Father's Birth: Maine U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Ida L. Stewart		9. State or Country of Mother's Birth: Silver City Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth L. Palmer	11. Present Address of Registrant: 2234 N. Bryant St. Portland Ore. 97217	
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 1971	12. Signature of Notary: Metta D. Baughman	13. Notary Commission expires: Oct. 8- 1973	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin	By whom issued and signed: Metta D. Baughman (bd.12/10/98)	Date Issued: May 28,1971	Date Orig. Entry: ---
	Date of Birth: Jan.15,1912 / Birth Place: Owyhee County, Idaho	Full Name of Mother: Ida L. Stewart	Name of Father: Albert Emery	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #401182	Date Issued: ----	Date Orig. Entry: child born Jan.16,1945
	Date of Birth: Age: 33 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: U.S.Census Record	By whom issued and signed: U.S.Dept.of Commerce	Date Issued: Jun.29,1971	Date Orig. Entry: Census taken April, 1930
	Date of Birth: Age 18 / Birth Place: Idaho	Full Name of Mother: Ida Emery	Name of Father: Albert Emery	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	July 8, 1971

FORM BH 56067

Palmer

JUL 8 1971

331-126-037-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-568

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Everett LeRoy Clark		2. Date Of Birth (month) Aug. (day) 26 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Owyhee; b. City or Town of Birth: Near Given's Hot Springs.
FATHER	6. Full Name of Father: Albert LeRoy Clark		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Myrtle Esther Court		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Marsing, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19__	12. Signature of Notary	13. Notary Commission expires _____ 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 54-13040	Date Issued: ----	Date Orig. Entry: child born Oct. 9, 1954
	Date of Birth: Age 42	Birth Place: Owyhee County	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: School Census Report	By whom issued and signed: Dist. # 30 Owyhee County, Ida.	Date Issued: Sept. 1922	Date Orig. Entry: Sept. 1, 1922
	Date of Birth: Aug. 26, 1912	Birth Place: Owhyee County	Full Name of Mother: Myrtle Clark	Name of Father: A. L. Clark
SUPPORTING RECORD 3.	Type of Document: Census Report	By whom issued and signed: U.S. Department of Commerce	Date Issued: Apr. 2, 1971	Date Orig. Entry: Census taken Jan 1, 1920
	Date of Birth: Age 7	Birth Place: Idaho	Full Name of Mother: Myrtle E. Clark	Name of Father: Albert A. Clark
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W Benson	Evidence reviewed by: Florence Curtright	Date Filed: July 23, 1971

FORM BH 56067

JUL 23 1971

805

893-117-022-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-589

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leslie Whittle Hill		2. Date Of Birth (month) August (day) 17 (year) 1912
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Farnum, Fremont Co. Idaho
FATHER	6. Full Name of Father: James N. Hill		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Elma Whittle		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leslie Whittle Hill	11. Present Address of Registrant: Box 157 Ashton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 22nd day of July 19 71	12. Signature of Notary: Lynn Gibson	13. Notary Commission expires: 4/1/71 19

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of blessing	By whom issued and signed: LDS Church, Farnum Ward, D. H. Gibson, Clerk	Date Issued: ---	Date Orig. Entry: blessed Nov.3,1912
	Date of Birth: Aug.17,1912; Birth Place: Farnum, Idaho Fremont County	Full Name of Mother: Elma Whittle	Name of Father: James N. Hill	
SUPPORTING RECORD 2.	Type of Document: Statement by attending physician	By whom issued and signed: Dr. E. L. Hargis	Date Issued: July 29,1971	Date Orig. Entry: Aug.17,1912
	Date of Birth: Aug.17,1912; Birth Place: Farnum, Idaho Fremont County	Full Name of Mother: Elma Whittle Hill	Name of Father: James N. Hill	
SUPPORTING RECORD 3.	Type of Document: Photocopy of insurance policy first page & application	By whom issued and signed: American National Ins. Co. Galveston, TX	Date Issued: Dec.23,1940	Date Orig. Entry: Oct.2,1940
	Date of Birth: Aug.17,1912; Birth Place: Fremont County, ID	Full Name of Mother: Elma W. Hill	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Aug. 9, 1971

FORM BH 56067

AUG 1·0 1971

697-101-003-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-598

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Francis Porter Wiggin		2. Date Of Birth (month) April (day) 1 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Frank P. Wiggin (Porter)		7. State or Country of Father's Birth: Michigan USA
MOTHER	8. Full Maiden Name of Mother: Ethel Florence Moore		9. State or Country of Mother's Birth: Nebraska USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Francis P Wiggin	11. Present Address of Registrant: 7105 Coronado Dr. San Jose Calif. 95129
NOTARY (Seal)	Subscribed and sworn to before me on: July 9 1971	12. Signature of Notary: Thomas J Mewfree	13. Notary Commission expires: July 9 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt	By whom issued and signed: Estella Wiggin Smith (bd.11-25-1882)	Date Issued: July 2,1971	Date Orig. Entry: ---
	Date of Birth: Apr.1,1912	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Ethel F. Wiggin	Name of Father: Frank P. Wiggin
SUPPORTING RECORD 2.	Type of Document: copy of Court Order of Adoption	By whom issued and signed: Bannock County Probate Court Idaho	Date Issued: ---	Date Orig. Entry: Sept.27,1912
	Date of Birth: Age: 5 mos. 27 days	Birth Place: ---	Full Name of Mother: Ethel Florence Wiggin	Name of Father: Frank P. Wiggin
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth record Vol.28 pg.381-A	By whom issued and signed: Stanislaus County Recorder's Office, Modesto, CA	Date Issued: Apr.28,1969	Date Orig. Entry: child born Nov.18,1934
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	August 12, 1971

FORM BH 56067

AUG 16 1971

INDIVIDUAL ACKNOWLEDGMENT

State of California
County of Santa Clara } SS.

On this 9th day of July 19 71, before me,
THOMAS J. MECKFESSEL, a Notary Public in and for said Santa Clara County,
(SEAL)
personally appeared Francis P. Wiggin

known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same.

OFFICIAL SEAL
THOMAS J. MECKFESSEL
NOTARY PUBLIC-CALIFORNIA
SANTA CLARA COUNTY
My Commission Expires July 9, 1974

WITNESS my hand and official seal.

Thomas J. Meckfessel

Notary Public in and for said Santa Clara County and State
My commission expires July 9 1974

P-169 -1-63

295-20-036-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-614

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alma Raymond Binggeli
2. Date Of Birth (month) (day) (year): June 20, 1912
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Arbon

FATHER

6. Full Name of Father: Francis Frederick Binggeli
7. State or Country of Father's Birth: Bern, Switzerland

MOTHER

8. Full Maiden Name of Mother: Gertrude Lillian Cole
9. State or Country of Mother's Birth: Greenwood, Maine

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Alma Raymond Binggeli
11. Present Address of Registrant: 1469 - 152nd Avenue San Leandro, Calif. 94578

NOTARY (Seal)

Subscribed and sworn to before me on: AUGUST 14 1971
12. Signature of Notary: Bradley O. Best
13. Notary Commission expires: JULY 8 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy M639801	John Hancock Mutual Life Ins. Co. Boston, Mass.	Jun.17,1942	June 1,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun.20,1912	Arbon, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of Blessing	LDS Church, Arbon Ward, E. H. Davis, Clerk	Nov.3,1912	blessed Nov.3,1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun.20,1912	Arbon, Idaho Oneida County	Gertruid L. Cole	Francis Bingglei

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of service - Pocatello,ID	Union Pacific RR Co.,LL Hoeffel Supt.Motive Power & Machinery	Oct.10,1941	Sept.11,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun.20,1912	---	---	---

QUALIFYING INFORMATION

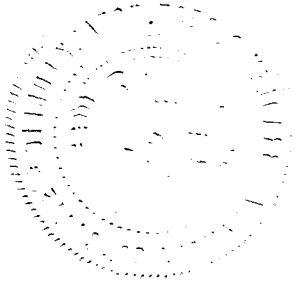
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	August 20,1971

FORM BH 56067

AUG 2 5 1971



495-213 915-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-625

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Myrna V~~a~~ Dietrick
2. Date Of Birth (month) (day) (year): September 13, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Caribou
b. City or Town of Birth: Bancroft

FATHER

6. Full Name of Father: Charles W. Dietrick
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Karen Sorensen
9. State or Country of Mother's Birth: Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Myrna V Lakey
11. Present Address of Registrant: Route 3-Box 93. Nampa

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 25 1971
12. Signature of Notary: Florence Cartright
13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by sister
By whom issued and signed: Elva Edwards Age 60
Date Issued: Sept.26,1965
Date Orig. Entry: ------
Date of Birth: Sept.13,1912
Birth Place: Bancroft Caribou Co.
Full Name of Mother: Karen Sorensen
Name of Father: Charles W. Dietrick

SUPPORTING RECORD 2.

Type of Document: Own childs birth certificate
By whom issued and signed: # 255869 on file with state of Idaho
Date Issued: -----
Date Orig. Entry: child born June 24,193-
Date of Birth: Age 24
Birth Place: Bancroft, Idaho
Full Name of Mother: ----------
Name of Father: ----------

SUPPORTING RECORD 3.

Type of Document: Girardian Insurance Co. Insurance Policy # Y-159931
By whom issued and signed: Girardian Ins. Co. Dallas, Texas
Date Issued: June 21,1960
Date Orig. Entry: ----------
Date of Birth: Sept.13,1912
Birth Place: -------
Full Name of Mother: --------
Name of Father: -----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: fc Sue Lowe
Date Filed: Aug. 25, 1971

FORM BH 56067

12-7-60

AUG 2 5 1971

DECEASED

318-212-015-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE71-650**

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Verla Sylvia Taylor
2. Date Of Birth: (month) May (day) 12 (year) 1912
3. Color or Race: white
4. Sex: female
5. Place of Birth: Soda Springs
a. County: Caribou
b. City or Town of Birth: Soda Springs

FATHER

6. Full Name of Father: Thomas Willard Taylor
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Martha Stalker
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verla S. Lowe
11. Present Address of Registrant: 414 Sierra Dr., Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 3 19 71
12. Signature of Notary: John D. Brogan
13. Notary Commission expires: August 25 19 74

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Copy of Own childs birth certificate	State of Utah	Feb 17,1944	Child born Jan.18,1944
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age 31 yrs Soda Springs, Idaho	--------	---------	
SUPPORTING RECORD 2.	Life Insurance Policy #2080953	The Penn Mutual Life Ins. Co. of Philadelphia	May 11,1937	---------
	May 12,1912 Soda Springs,Idaho	------	--------	
SUPPORTING RECORD 3.	Affidavit by Aunt Age 75 yrs	Nellie May Vreeland	Aug.30,1971	---------
	May 12, 1912 Soda Springs, Idaho	Martha Stalker	Thomas Willard Taylor	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sue Lowe sl	Sept. 8, 1971

FORM BH 56067

SEP 8 1971

DECEASED

251-217-006-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-677

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHEL ERMA BEASLEY			2. Date Of Birth (month) November (day) 17 (year) 17 1912
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Shelley BINGHAM	b. City or Town of Birth: Shelley IDAHO
FATHER	6. Full Name of Father: JOHN EDWARD BEASLEY			7. State or Country of Father's Birth: ILLIONIS
MOTHER	8. Full Maiden Name of Mother: RACHEL NEAL			9. State or Country of Mother's Birth: ALMY WYOMING
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Butler		11. Present Address of Registrant: HOOPER, UTAH
NOTARY (Seal)	Subscribed and sworn to before me on 22 Sept 1971	12. Signature of Notary		13. Notary Commission expires 25 April 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Laurence S.Burton, Clerk, Ogden 13th Ward	Date Issued: ----	Date Orig. Entry: baptized Sept.4,1921
	Date of Birth: Nov.17,1912	Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Rachel Neal	Name of Father: John Edw. Beasley
SUPPORTING RECORD 2.	Type of Document: Certificate of marriage	By whom issued and signed: Walt Siegel,J.P., Green River, WY	Date Issued: Oct.31,1945	Date Orig. Entry: Oct.31,1945
	Date of Birth: Age: 32	Birth Place: Shelley, Idaho	Full Name of Mother: Rae Neal	Name of Father: J. E. Beasley
SUPPORTING RECORD 3.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Army, Carl O. Ingman, Major, Inf.	Date Issued: discharged 21 Feb.1945	Date Orig. Entry: enlisted 5 June 44
	Date of Birth: Nov.17,1912	Birth Place: Shelley, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barron	Glenda Larson	Sept. 24, 1971

FORM BH 56067

9-16-71

SEP 24 1971

229-211-015-912

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-683

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Therma Mary Skinner			2. Date Of Birth (month) (day) (year): February 11, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Smith J. Skinner			7. State or Country of Father's Birth: Bear Lake County
MOTHER	8. Full Maiden Name of Mother: Olena Rasmussen			9. State or Country of Mother's Birth: Lago
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Therma Mary Cook		11. Present Address of Registrant: Salmon Idaho General Delivery
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1971	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #254814	Date issued: ---	Date Orig. Entry: child born Apr.17,1937
	Date of Birth: Age: 25	Birth Place: Soda Springs, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records		By whom issued and signed: LDS Church, Robert A. Chandler Ward Clerk, Salmon 1st Ward	Date issued: ----	Date Orig. Entry: blessed Mar.3,1912
	Date of Birth: Feb.11,1912	Birth Place: Soda Springs, Idaho	Full Name of Mother: Lena Rasmason	Name of Father: Smith J. Skinner	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license		By whom issued and signed: Cache County, Utah	Date issued: May 26,1971	Date Orig. Entry: Dec.18,1931
	Date of Birth: Age: 19	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Sept. 29, 1971

FORM BH 56067

[illegible] (now Cook)

SEP 30 1971

595-210-021-754

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-698

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gertrude Avonia Viehweg		2. Date Of Birth (month) (day) (year): January 10 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin; b. City or Town of Birth: Clifton
FATHER	6. Full Name of Father: Carl Julius Viehweg		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Ane Kirstine Pedersen		9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gertrude A. Viehweg Todd	11. Present Address of Registrant: 624 East 4800 S Murray Utah
NOTARY (Seal)	Subscribed and sworn to before me on: September 17 1971	12. Signature of Notary: R R Rotter	13. Notary Commission expires: January 20 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Annie Wood (bd. 23 Nov 1899)	Date issued: June 7,1971	Date Orig. Entry: ---
	Date of Birth: Jan.10,1912	Birth Place: Clifton, Idaho Franklin County	Full Name of Mother: Ane Kirstine Pedersen	Name of Father: Carl Julius Viehweg
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for license to marry	By whom issued and signed: Cache County, Utah	Date issued: Aug.23,1971	Date Orig. Entry: May 22,1935
	Date of Birth: Jan.10,1912	Birth Place: Clifton, Idaho	Full Name of Mother: Annie Ghristina Petersen	Name of Father: Carl U. Viehweg
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Clifton Ward, Seth Henderson, Clerk	Date issued: ---	Date Orig. Entry: blessed Mar.3,1912
	Date of Birth: Jan.10,1912	Birth Place: Clifton, Idaho	Full Name of Mother: Annie Petersen	Name of Father: Carl Viehweg
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	October 5, 1971

FORM BH 56067

OCT 6 1971

219-205-022-115

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-706

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Catherine Henrietta Barnes
2. Date Of Birth (month) (day) (year): April 5 1912
3. Color or Race: W
4. Sex: Female
5. Place of Birth a. County: Fremont
b. City or Town of Birth: St. Anthony

FATHER

6. Full Name of Father: Ephraim Harry Barnes
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Ida Augusta Janson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Catherine H. Storer
11. Present Address of Registrant: Box 357 Pollock Pines Ca.

ROBERT H. FORAUGH NOTARY PUBLIC EL DORADO CO., CALIFORNIA (Seal)

Subscribed and sworn to before me on _____ 1971

12. Signature of Notary
13. Notary Commission expires: December 3 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by mother
By whom issued and signed: Ida A. Barnes
Date Issued: Jun.29,1971
Date Orig. Entry: ---

Date of Birth: Apr.5,1912
Birth Place: St.Anthony, Idaho Fremont County
Full Name of Mother: Ida A. Barnes
Name of Father: Ephraim Harry Barnes

SUPPORTING RECORD 2.

Type of Document: photocopy of Certificate of Baptism and Confirmation
By whom issued and signed: Menan Ward, Rigby Stake Ole Hansen, Bishop
Date Issued: Aug.4,1935
Date Orig. Entry: baptized Aug.3,1935

Date of Birth: Apr.5,1912
Birth Place: St. Anthony, Idaho
Full Name of Mother: Ida A. Janson
Name of Father: Ephriam H. Barnes

SUPPORTING RECORD 3.

Type of Document: Certified copy of own child's birth certificate 40-81007
By whom issued and signed: State of California
Date Issued: Sep.23,1971
Date Orig. Entry: child born Sept.22,1940

Date of Birth: Age: 28
Birth Place: Idaho
Full Name of Mother: ----
Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Barson
Evidence reviewed by: gml Glenda Larson
Date Filed: October 8,1971

FORM BH 56067

Pd Rec# 11165 6-24-71

OCT 12 1971

653-118-003-173

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-728

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilburn Houghton Wells			2. Date Of Birth (month) 11 (day) 18 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Wilburn Houghton Wells			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Edythe Jane Aplin			9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. H. Wells		11. Present Address of Registrant: P.O. Box 76, Gorst, Wa.
NOTARY (Seal)	Subscribed and sworn to before me on: October 6, 1971 19	12. Signature of Notary: Florence M. Dubar		13. Notary Commission expires: January 5 19 74

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy (group)		By whom issued and signed: Nortern Life Ins. Co., Seattle WA (Bremerton Concrete Prod. Co.)	Date issued: ---	Date Orig. Entry: Apr. 11, 1963
	Date of Birth: Nov. 18, 1912	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #70		By whom issued and signed: State of Washington	Date issued: Mar. 14, 1945	Date Orig. Entry: child born Mar. 15, 1937
	Date of Birth: Age: 24	Birth Place: Pocatella, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: Intermediate School Dist. 114 Kitsap County, WA, K.L. Howerton, Supt.	Date issued: Apr. 29, 1971	Date Orig. Entry: May 1, 1923
	Date of Birth: Nov. 18, 1912	Birth Place: ----	Full Name of Mother: Mrs. Edith Wells	Name of Father: ----	

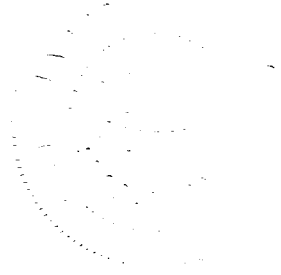
QUALIFYING INFORMATION: Certified copy of Order appointing guardian for Wilburn Haughton Wells, Jr. issued August 17, 1971 gives parent's names as Wilburn H. Wells, Sr., and Edythe Wells. Order dated October 23, 1920. Kitsap County, Washington.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	October 19, 1971

FORM BH 56067 1cp [illegible] #12538 4-27-71

OCT 1 9 1971



144-28-1022-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-801

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nellie Judy			2. Date Of Birth (month) Feb (day) 28 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Salem / Fremont	b. City or Town of Birth: Salem
FATHER	6. Full Name of Father: Wm Aaron Judy			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ann Ward			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie Elkington		11. Present Address of Registrant: Idaho Falls Ida Rte 3 B 7 3 6
NOTARY (Seal)	Subscribed and sworn to before me on: December 8 19 71	12. Signature of Notary: Stanley W. Maywood		13. Notary Commission expires: 1-31 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Annie Melvina J. Reed (14 years older)	Date Issued: Nov.8,1971	Date Orig. Entry: ----	
	Date of Birth: Feb.28,1912	Birth Place: Salem, Idaho	Full Name of Mother: Mary Ann Ward	Name of Father: William Aaron Judy	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Ozone Ward, Olive Wallace, Ward Clerk	Date Issued: ----	Date Orig. Entry: baptized June 5,1920	
	Date of Birth: Feb.28,1912	Birth Place: Salem, Idaho Fremont County	Full Name of Mother: Mary Ann Ward	Name of Father: Wm. Aaron Judy	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family records	By whom issued and signed: Family Record/Stanley Maywood Notary, Idaho Falls, ID	Date Issued: Nov.8,1971	Date Orig. Entry: obviously old	
	Date of Birth: Feb.28,1912	Birth Place: Salem, Idaho Fremont County	Full Name of Mother: Mary Ann Ward Judy	Name of Father: William Aaron Judy	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Nov. 18, 1971

FORM BH 56067

1 Cp Pd Rec # 24317 10-8-71

NOV 1 9 1971

669-117-007 - 864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-811

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norvin Young Worthington			2. Date Of Birth (month) Dec (day) 17 (year) 1912
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Gannett Blaine	b. City or Town of Birth: Gannett
FATHER	6. Full Name of Father: Orson H. Worthington			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Jane Young			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norvin H Worthington		11. Present Address of Registrant: RT3 Box 40 Jerome Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 6-7 1971	12. Signature of Notary: [illegible]		13. Notary Commission expires: 5-7-1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: Gannett Ward, Wm. H. Stanfield Bishop	Date Issued: Feb.7,1921	Date Orig. Entry: baptized Feb.5,1921
	Date of Birth: Dec.17,1912	Birth Place: Gannett, Idaho Blaine County	Full Name of Mother: Sarah Jane Young	Name of Father: Orson H. Worthington	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Blaine Co.School Dist.#61 Louise Bowlden,Clerk	Date Issued: Aug.7,1971	Date Orig. Entry: 1924-25
	Date of Birth: Dec.17,1912	Birth Place: ---	Full Name of Mother: ----	Name of Father: O. H. Worthington	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at time of birth		By whom issued and signed: Lagrand Young,(bd. 12/9/00)	Date Issued: Nov.16,1971	Date Orig. Entry: ----
	Date of Birth: Dec.17,1912	Birth Place: Gannett, Idaho	Full Name of Mother: Sarah Jane Young	Name of Father: Orson Henry Worthington	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	gml Glenda Larson	Nov. 24, 1971

FORM BH 56067

1 C.C. DD REC. #12599

"W" 5-4-71 gml

Worthington

NOV 24 1971

844-223-035-559

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-829

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Louise Huddleston
2. Date Of Birth (month) 12 (day) 23 (year) 1912
3. Color or Race:
4. Sex: Female
5. Place of Birth a. County: Idaho Nezperce
b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: William Marshall Huddleston
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Louise Verzani
9. State or Country of Mother's Birth: South Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Louise Huddleston Bolyard
11. Present Address of Registrant: Wenatchee Wa.

NOTARY (Seal)

Subscribed and sworn to before me on: November 30 1971
12. Signature of Notary: Carol Schneider
13. Notary Commission expires: September 21 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding school records	Clarkston, WA, School Dist.	Nov.23,1971	graduated Jan.13,1928
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.23,1912 / ----	---	W. M. Huddleston	
SUPPORTING RECORD 2.	Affidavit by mother	Louise Verzani Huddleston	Nov.23,1971	----
	Dec.23,1912 / Lewiston, Idaho Nez Perce County	Louise Verzani	William Marshall Huddleston	
SUPPORTING RECORD 3.	notarized photocopy of page from family Bible	Family Records in Bible	Nov.24,1971	Obviously old
	Dec.23,1912 / Lewiston, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Glenda Larson	December 3, 1971

FORM BH 56067

11-11-71

DEC 3 1971

296-112-030-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-856

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Merrill Milton Brown		2. Date Of Birth (month) March (day) 12, (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi; b. City or Town of Birth: May, Idaho
FATHER	6. Full Name of Father: Minor Arthur Brown		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Bertha Beck		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merrill Milton Brown	11. Present Address of Registrant: Salmon, Idaho Box 366 83467
NOTARY (Seal)	Subscribed and sworn to before me on: 8-13 1971	12. Signature of Notary: Elaine Burch	13. Notary Commission expires: 12-21 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application of insurance policy	By whom issued and signed: Professional & Business Men's Life Ins. Co., Denver, CO	Date issued: ---	Date Orig. Entry: Apr.22,1952
	Date of Birth: Mar.12,1912; Birth Place: May, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Minor A. Brown and Bertha Brown	Date issued: Oct.6,1971	Date Orig. Entry: ---
	Date of Birth: Mar.12,1912; Birth Place: May, Idaho	Full Name of Mother: Bertha Beck (Brown)	Name of Father: Minor A. Brown	
SUPPORTING RECORD 3.	Type of Document: photocopy of marriage license and certificate	By whom issued and signed: Ravalli County, Montana	Date issued: ----	Date Orig. Entry: Jan.14,1938
	Date of Birth: Age: 25; Birth Place: May, Lemhi County, Idaho	Full Name of Mother: Bebe Beck	Name of Father: Minor A. Brown	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

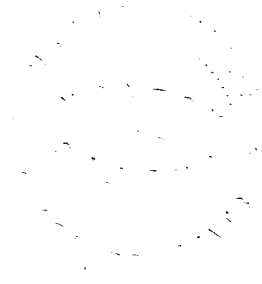
State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 21, 1971

FORM BH 56067

1 ct p UNC #20367

8-4-71

DEC 2 2 1971



259-208-006-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 7T-861

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth**: Mildred Bergeson		**2. Date Of Birth** (month) (day) (year): June 8 1912
	3. Color or Race: White	**4. Sex**: F	**5. Place of Birth** a. County: Blackfoot Bingham; b. City or Town of Birth: Blackfoot, Idaho
FATHER	**6. Full Name of Father**: Fredrick Neils Bergeson		**7. State or Country of Father's Birth**: Denmark
MOTHER	**8. Full Maiden Name of Mother**: Sarah Ann Tolman		**9. State or Country of Mother's Birth**: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	**10. Signature of Registrant**: Mildred Bergeson (Merkley)	**11. Present Address of Registrant**: 139 Parsons St. Blackfoot, Ida
NOTARY (Seal)	**Subscribed and sworn to before me on**: Dec 13 1971	**12. Signature of Notary**: Agnes D. Ady	**13. Notary Commission expires**: Jan. 1 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	**Type of Document**: Own child's birth certificate	**By whom issued and signed**: On file Idaho #348842	**Date Issued**: ---	**Date Orig. Entry**: child born May 2,1942
	Date of Birth: Age: 29	**Birth Place**: Blackfoot, Idaho	**Full Name of Mother**: ----	**Name of Father**: ----
SUPPORTING RECORD 2.	**Type of Document**: Statement regarding school census	**By whom issued and signed**: Bingham County, Idaho-School Dist. #34, Groveland	**Date Issued**: Dec.10,1971	**Date Orig. Entry**: 1919
	Date of Birth: Age: 7	**Birth Place**: ----	**Full Name of Mother**: ----	**Name of Father**: Fred Bergeson
SUPPORTING RECORD 3.	**Type of Document**: Certificate of Baptism and Confirmation	**By whom issued and signed**: LDS Church, Groveland Ward, John S. Bowker, Bishop	**Date Issued**: July, 1920	**Date Orig. Entry**: baptized July, 1920
	Date of Birth: June 8,1912	**Birth Place**: Groveland, Idaho*	**Full Name of Mother**: Sarah Tolman	**Name of Father**: Fred Bergeson

QUALIFYING INFORMATION: *Groveland is not a town. It is an LDS Ward located in the Blackfoot area.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Larson	**Evidence reviewed by**: gml Glenda Larson	**Date Filed**: Dec. 21, 1971

FORM BH 56067

DEC 2 2 1971

231-109-037-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-872

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PAUL JAMES BLACK			2. Date Of Birth (month) (day) (year): October 9, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Bruneau, Idaho
FATHER	6. Full Name of Father: Joe R. Black			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Virginia C. Tate			9. State or Country of Mother's Birth: Mayfield, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul James Black Grand View Idaho		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: August 27 1971	12. Signature of Notary: Grace Hall		13. Notary Commission expires: June 12 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #403-015	By whom issued and signed: Northern Life Ins. Co., Seattle, WA	Date Issued: June 1,1948	Date Orig. Entry: May 20,1948
	Date of Birth: Oct.9,1912 / Birth Place: Bruneau, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit of personal knowledge	By whom issued and signed: Albert L. Harley Age:87	Date Issued: Dec.22,1971	Date Orig. Entry: ---
	Date of Birth: Oct.9,1912 / Birth Place: Bruneau, Idaho Owyhee County	Full Name of Mother: Virginia C. Tate	Name of Father: Joe R. Black	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records (Bruneau High School)	By whom issued and signed: Loeva Thomson, Dist. Clk., Jnt. School Dist. 365, Grand View, ID	Date Issued: Dec.16,1966	Date Orig. Entry: Jan.21,1929
	Date of Birth: Oct.9,1912 / Birth Place: ---	Full Name of Mother: ---	Name of Father: J. R. Black	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D W Larson	Evidence reviewed by: Glenda Larson	Date Filed: December 29,1971	

FORM BH 5606(B) 7-7-66. search made

DEC 2 9 1971

381-102-006-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-876

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Melvin Levar Chaffin
2. Date of Birth (month) JUNE (day) 2 (year) 1912
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: BINGHAM
b. City or Town of Birth: WOODVILLE

FATHER

6. Full Name of Father: JOHN WALTER CHAFFIN
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: SARRAH L. CALLINGS
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Melvin L Chaffin
11. Present Address of Registrant: Blackfoot Idaho Route 4 Box 207

NOTARY (Seal)

Subscribed and sworn to before me on Dec. 27, 19 71

12. Signature of Notary: [signature]
13. Notary Commission expires: Jan. 6, 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Woodville Ward, E. A. Huntsman, Clerk	Date Issued: July 7, 1912	Date Orig. Entry: blessed July 7, 1912	
	Date of Birth: June 2, 1912	Birth Place: Woodville, Idaho Bingham County	Full Name of Mother: Sarrah L. Callings	Name of Father: John W. Chaffin	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as an elder	By whom issued and signed: LDS Church, Rose Ward, Blackfoot Stake, L.R.Holverson, Elder	Date Issued: Dec. 31, 1934	Date Orig. Entry: ordained Jan. 14, 1934	
	Date of Birth: June 2, 1912	Birth Place: Woodville, Idaho Bingham County	Full Name of Mother: Sarah L. Collings	Name of Father: John W. Chaffin	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #312177	Date Issued: ---	Date Orig. Entry: child born Apr. 10, 1941	
	Date of Birth: June 2, 1912	Birth Place: Woodville, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Larson	Glenda Larson	December 30, 1971

FORM BH 56067

DEC 30 1971

3957 18 1036 -286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-013

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John William Trease			2. Date Of Birth (month) (day) (year): February 18, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Black Pine Idaho Oneida	b. City or Town of Birth: Black Pine Igaho
FATHER	6. Full Name of Father: John Wesley Trease			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Jessie Myrtle Showalter			9. State or Country of Mother's Birth: Nebrska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John W. Trease		11. Present Address of Registrant: 5630 West 5300 South Hooper
NOTARY (Seal)	Subscribed and sworn to before me on: December 20, 1971 19	12. Signature of Notary: [signature]		13. Notary Commission expires: 11/19/72 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate #5005 B		By whom issued and signed: child born in Ogden, Utah	Date Issued: ---	Date Orig. Entry: child born Nov.8,1947
	Date of Birth: Age: 35	Birth Place: Black Pine,Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of baptism and confirmation		By whom issued and signed: LDS Church, Hooper 2nd Ward, Floyd D. Fowers,Bishop	Date Issued: ---	Date Orig. Entry: baptized Oct.31,1953
	Date of Birth: Feb.18,1912	Birth Place: Black Pine,Idaho Oneida County	Full Name of Mother: Jessie Myrtle Showalter	Name of Father: John Wesley Trease	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #58564		By whom issued and signed: Northwestern Life Ins. Co., Seattle	Date Issued: ----	Date Orig. Entry: July 15,1960
	Date of Birth: Feb.18,1912	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	Jan. 7, 1972

FORM BH 56067

JAN 7 1972

969-215-028-119

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-015

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Essie Law Zornes
2. Date Of Birth (month) (day) (year): July 15 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Loffs Bay Kootenai
b. City or Town of Birth: Coeur d'Alene

FATHER

6. Full Name of Father: James Samuel Zornes
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mrs Nancy E Jarrett Zornes
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Essie Law Jastings
11. Present Address of Registrant: 215 W. Mullan Kellogg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 6, 1959
12. Signature of Notary: Evelyn Bruno
13. Notary Commission expires: July 24, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #274224	----	child born Nov.17,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	Coeur d'Alene, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized photocopy of page from Bible record	Family Record in Bible	Dec.21,1971	appears old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 15,1912	----	Nancy Jarrett	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt who was present at time of birth	Anne Yager Age: 74	Dec.8,1971	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 15,1912	Loffs Bay, Idaho	Nancy E. (Jarrett) Zornes	James Samuel Zornes

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	gml Glenda Larson	January 7,1972

FORM BH 56067

JAN 7 1972

367-104-031-679

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-067

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Donald Logan			2. Date of Birth (month) November (day) 4 (year) 1912
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Nezperce
FATHER	6. Full Name of Father: Robinson C. Logan			7. State or Country of Father's Birth: Nova Scotia
MOTHER	8. Full Maiden Name of Mother: Bessie W. Wright			9. State or Country of Mother's Birth: Dayton, Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James D Logan		11. Present Address of Registrant: Rt #1 Caldwell, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: January 27 1972	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 48-7623	Date Issued: -----	Date Orig. Entry: child born July 26, 1948	
	Date of Birth: Age 35	Birth Place: Nezperce, Idaho	Full Name of Mother: -----	Name of Father: - -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Travelers Ins. Co.	Date Issued: Jan. 1, 1961	Date Orig. Entry: Jan 1, 1961	
	Date of Birth: Nov. 4, 1912	Birth Place: Idaho	Full Name of Mother: - ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Cousin Age 71	By whom issued and signed: Cecil T. Wright	Date Issued: Jan. 28 1972	Date Orig. Entry: ------	
	Date of Birth: Nov. 4, 1912	Birth Place: Nezperce, Idaho	Full Name of Mother: Bessie W. Wright	Name of Father: Robinson C. Logan	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	January 28, 1972

FORM BH 56067

1-2-72

JAN 2 8 1972

NOV 2 4 1972

365-206-009-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-116

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Velma Lorena Coverdell			2. Date Of Birth (month) June (day) 6 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Sandpoint Bonner	b. City or Town of Birth: Sandpoint, Idaho	
FATHER	6. Full Name of Father: Irvin Stanley Coverdell			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Ruby Otillie Beebe			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Velma Lorena Coverdell	11. Present Address of Registrant: 6033 Rusky Way Olympia, Washington 98503	
NOTARY (Seal)	Subscribed and sworn to before me on: January 20, 1972		12. Signature of Notary: Floyd W Marshall	13. Notary Commission expires: June 30, 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of bank account for joint savings		By whom issued and signed: National Bank of Commerce of Seattle	Date Issued: Jan.31,1972	Date Orig. Entry: Apr.13,1964
	Date of Birth: June 6,1912	Birth Place: SandPoint, Idaho	Full Name of Mother: Ruby Beebe	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Ruby O. Coverdell	Date Issued: Feb.8,1972	Date Orig. Entry: ----
	Date of Birth: June 6,1912	Birth Place: Sandpoint, Idaho	Full Name of Mother: Ruby Otillie Beebe	Name of Father: Irvin Stanley Coverdell	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school census records Dist.#43		By whom issued and signed: Flathead County, Montana Forest Park	Date Issued: Feb.3,1972	Date Orig. Entry: Sept.15,1921
	Date of Birth: June 6,1912	Birth Place: ----	Full Name of Mother: Ruby O. Coverdell	Name of Father: Irving S. Coverdell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 18, 1972

FORM BH 56067

4-6-67

FEB 1 8 1972

243-203-039-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 72-130

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Merle Evelyn Butler		2. Date Of Birth (month) (day) (year): 12 - 3 - 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power; b. City or Town of Birth: Arbon
FATHER	6. Full Name of Father: John William Butler		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Ida Maude Johnson		9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merle Evelyn Butler Underwood	11. Present Address of Registrant: Box 448 Dalina Kansas
NOTARY (Seal)	Subscribed and sworn to before me on: February 14, 1972	12. Signature of Notary: Ronnie A. Kessler	13. Notary Commission expires: My Commission Expires May 20, 1975

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: J. W. Butler	Date Issued: Feb.19,1972	Date Orig. Entry: ----
	Date of Birth: Dec.3,1912 / Birth Place: Arbon, Idaho	Full Name of Mother: Ida Maude Johnson	Name of Father: John William Butler	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital record	By whom issued and signed: Halstead Hospital, Isabelle M. Robuck, Rec. Tech., Harvey Co., KS	Date Issued: Feb.17,1972	Date Orig. Entry: ----
	Date of Birth: Dec.3,1912 / Birth Place: Arbon, Idaho	Full Name of Mother: Maude Johnson	Name of Father: John W. Butler	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage record	By whom issued and signed: Lyon County, Kansas, Page 416 of record "I"	Date Issued: Feb.15,1972	Date Orig. Entry: Feb.24,1933
	Date of Birth: Age: 20 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Feb. 24, 1972

FORM BH 56067

FEB 25 1972

236-21803-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-0141

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Stoddard			2. Date Of Birth (month) April (day) 18 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cambridge Bannock	b. City or Town of Birth: Cambridge (Downey)
FATHER	6. Full Name of Father: John Telford Stoddard			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Edna Crockett			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah S. Wright		11. Present Address of Registrant: Gila Bend, Ariz.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 24 19 72	12. Signature of Notary: Jacque Cahoy		13. Notary Commission expires: My Commission Expires June 17, 1975 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License & Certificate, Book 140 page 410	By whom issued and signed: L.A.Mashburn, Clerk, County of Pulaski, Illinois	Date Issued: Apr.9,1941	Date Orig. Entry: Apr.9,1941
	Date of Birth: Age: 28	Birth Place: ----	Full Name of Mother: ---	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Edna Stoddard	Date Issued: Feb.22,1972	Date Orig. Entry: ----
	Date of Birth: Apr.18,1912	Birth Place: Cambridge (Downey) Bannock Co., Idaho	Full Name of Mother: Edna Stoddard	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, John P. Bright, Bishop	Date Issued: July 7,1912	Date Orig. Entry: blessed July 7,1912
	Date of Birth: Apr.18,1912	Birth Place: Cambridge, Idaho Bannock County	Full Name of Mother: Edna Stoddard	Name of Father: John T. Stoddard
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 28, 1972

FORM BH 56067

FILE # CHANGED FROM DE71-141 TO DE72-0141 5/31/12 KMC

FEB 29 1972

271-19-004-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-143

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Evelyn Sparks
2. Date of Birth (month) (day) (year): June 19, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: ~~Bingle~~ Bear Lake County
   b. City or Town of Birth: Dingle

FATHER

6. Full Name of Father: John Henry Sparks
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Helen Charlotta Wilcox
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Burkhardt
11. Present Address of Registrant: 1158 East Roosevelt Ave, Salt Lake City, Utah 84105

NOTARY (Seal)

Subscribed and sworn to before me on: February 18, 1972 19

12. Signature of Notary: John Kelle Sr
13. Notary Commission expires: August 26, 1973 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Dingle Ward, Bear Lake Stake LDS Church, S.Humpherys,Bishop	---	blessed Sept.1,1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 19,1912	Dingle, Idaho Bear Lake County	Helen C. Wilcox	John H. Sparks

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Helen C. Sparks	Feb.23,1972	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 19,1912	Dingle, Idaho Bear Lake County	Helen Charlotta Wilcox	John Henry Sparks

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Archive record of genealogy	LDS Church, Salt Lake Temple	Jan.31,1962	sealed Oct.6,1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 19,1912	Dingle, Idaho Bear Lake County	Helen Charlotta Wilcox	John Henry Sparks

QUALIFYING INFORMATION

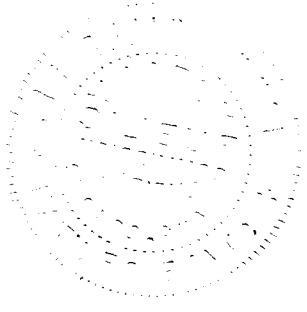
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Feb. 28, 1972

FORM BH 56067

FEB 2 9 1972
JAN 2 9 1997



affidavit recorded 4/6/72

145-111-028 -555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-147

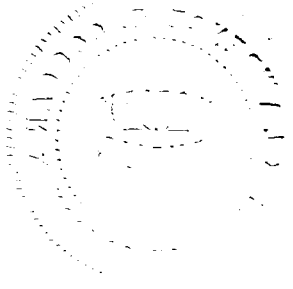
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carvel Henry Amell			2. Date Of Birth (month) Feb. (day) 11 (year) 1912
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Kootani	b. City or Town of Birth: Coeur d' Alene
FATHER	6. Full Name of Father: Mark Ray Amell			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Caddie May Hennenhofer			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carvel Henry Amell		11. Present Address of Registrant: 6221 N. E. 22nd Portland, Oregon 97211
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 25 1972	12. Signature of Notary: Lawrence E Coogan		13. Notary Commission expires: ____ 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: ----	Date Orig. Entry: Dec.1,1938
	Date of Birth: Feb.11,1912 / Birth Place: Idaho	Full Name of Mother: Caddie May Amell	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of statement regarding school records	By whom issued and signed: Portland Public Schools, OR Sellwood School	Date Issued: ---	Date Orig. Entry: 1920-21
	Date of Birth: Feb.11,1912 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ----	Name of Father: M. R. Amell	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: family records in Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Feb.11,1912 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION	Affidavit by uncle, Vernon D. Amell, signed March 28, 1972 gives Carvel Henry Amell born February 11, 1912 in Coeur d'Alene, Idaho to Mark R. Amell, brother of affiant.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson		Date Filed: Feb. 28, 1972

FORM BH 56067

FEB 2 9 1972



281-118-022-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-218

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joseph William Sharp
2. Date Of Birth: (month) August (day) 18th (year) 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Rigby RFD #1(Bybee)

FATHER

6. Full Name of Father: William Parley Sharp
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Eliza Jones
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph W Sharp
11. Present Address of Registrant: Box 45, Ucon, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on March 6 1972

12. Signature of Notary: Dennis J Lenz
13. Notary Commission expires: November 19 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	William Parley Sharp	Mar.14,1972	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.18,1912 / Bybee, Idaho Fremont County	Mary Eliza Jones	William Parley Sharp	
SUPPORTING RECORD 2.	photocopy of certificate of blessing	LDS Church, Bybee Ward, John A.Cuthbert	---	blessed Aug.19,1912
	Aug.18,1912 / Bybee, Fremont County, Idaho	Mary Eliza Jones	William P. Sharp	
SUPPORTING RECORD 3.	photocopy of Certificate of Ordination as a teacher	LDS Church, J. Norman Brown, Clerk	---	ordained Nov.21,1927
	Aug.18,1912 / Bybee, Fremont County, Idaho	Mary Eliza Jones	William P. Sharp	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	April 7, 1972

FORM BH 56067

ICPPR Rec. II 32098

2-29-72

APR 12 1972

DECEASED

1164-222 005-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-219

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jere Alta Douglas			2. Date of Birth (month) October (day) 22, (year) 1912	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: St. Maries, Idaho, Benewah	b. City or Town of Birth: St. Maries	
FATHER	6. Full Name of Father: George Douglas			7. State or Country of Father's Birth: Scotland	
MOTHER	8. Full Maiden Name of Mother: Alta M. Lambert			9. State or Country of Mother's Birth: Alta, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jere D. Lavenger	11. Present Address of Registrant: 3183 S. Gaylord Englewood Co 80110	
NOTARY (Seal)	Subscribed and sworn to before me on: February 22, 1972		12. Signature of Notary: W. Allan Lavenger	13. Notary Commission expires: _____ 19____	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age:72		By whom issued and signed: George B. Douglas	Date Issued: Nov.23,1971	Date Orig. Entry: ----
	Date of Birth: Oct.22,1912	Birth Place: St.Maries,Idaho	Full Name of Mother: Alta M. Douglas (nee Lambert)	Name of Father: George Douglas	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #26911		By whom issued and signed: State of Colorado	Date Issued: Jan.13,1967	Date Orig. Entry: child born Oct.14,1947
	Date of Birth: AGE: 34	Birth Place: Saint Maries,Idaho	Full Name of Mother: --- -	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital		By whom issued and signed: Mercy Hospital, Denver, CO Dorothy Abbott,Med.Rec.Dept.	Date Issued: Jan.12,1972	Date Orig. Entry: July 28,1941
	Date of Birth: Age: 28	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Larson	gml Glenda Larson	April 7, 1972

FORM BH 56067

(see Douglas)

APR 10 1972

693205-280-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-249

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lora Irene Wilson			2. Date Of Birth (month) (day) (year): April 5 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Junction Ida. Lemhi	b. City or Town of Birth: ~~Jackson~~ Junction
FATHER	6. Full Name of Father: Grant Wilson			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Nora Shawver			9. State or Country of Mother's Birth: Kansas.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lora I Harris		11. Present Address of Registrant: 605 Gregory St Roseville Calif
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 11, 1971	12. Signature of Notary: Stephia Barbieri		13. Notary Commission expires: Dec 8 1971

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: At the time of birth Age 79 Affidavit family friend	By whom issued and signed: Ira Lee West	Date Issued: Oct 18,1971	Date Orig. Entry: --------
	Date of Birth: April5,1912 / Birth Place: Junction, Idaho	Full Name of Mother: Nora Frances Shawver	Name of Father: Grant Wilson	
SUPPORTING RECORD 2.	Type of Document: Application for Employment	By whom issued and signed: U S Civil Service Commission Appl.#012623	Date Issued: Apr 6,1951	Date Orig. Entry: March 15,1951
	Date of Birth: April 5,1912 / Birth Place: Junction, Idaho	Full Name of Mother: Nora Shawver	Name of Father: Grant Wilson	
SUPPORTING RECORD 3.	Type of Document: Record of Admission-Roseville Community Hospital-Roseville, California	By whom issued and signed: Roseville Community Hospital	Date Issued: -----	Date Orig. Entry: Oct.3,1960
	Date of Birth: April5,1912 / Birth Place: Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sl Sue Lowe	Date Filed: April 18,1972

FORM BH 56067

J-27-71

APR 17 1972

294-228-026-489

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-264

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Luella Mable Simmons		2. Date Of Birth (month) (day) (year): July 28, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: Roberts
FATHER	6. Full Name of Father: Edward Emanuel Simmons		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Lillie Elizabeth Dyreng		9. State or Country of Mother's Birth: New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Luella M. Lewin	11. Present Address of Registrant: Show Low, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: April 8 1972	12. Signature of Notary: State of Arizona County of Navajo O Harold Vaughan	13. Notary Commission expires: 2-22-' 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Aug.11,1971	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7; Birth Place: Idaho	Full Name of Mother: Lillie Simmons	Name of Father: Edward E. Simmons	
SUPPORTING RECORD 2.	Type of Document: Certificate of Record of Membership	By whom issued and signed: LDS Church, Ella D. Jack, Custodian of Church Mem.Rec.	Date issued: June 19,1950	Date Orig. Entry: baptized May 6,1928
	Date of Birth: July 28,1912; Birth Place: Roberts, Idaho	Full Name of Mother: Lillie Dryeng	Name of Father: Edward Simmons	
SUPPORTING RECORD 3.	Type of Document: photocopy of school records	By whom issued and signed: Pocatello, Idaho Public Schools	Date issued: ---	Date Orig. Entry: Jan. 1924
	Date of Birth: July 28,1912; Birth Place: ---	Full Name of Mother: ---	Name of Father: Edw. Simmons	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 20, 1972

FORM BH 56067

APR 20 1972

414-202-028-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-279

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANNA ROSE DAMIANO			2. Date Of Birth (month) -1- (day) -2- (year) -1912-	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth: HARRISON a. County: KOOTENAI	b. City or Town of Birth: HARRISON	
FATHER	6. Full Name of Father: ANTONE DAMIANO			7. State or Country of Father's Birth: ITALY	
MOTHER	8. Full Maiden Name of Mother: CATHERINE TONTI			9. State or Country of Mother's Birth: ITALY	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Anna Rose Damiano	11. Present Address of Registrant: BOX 2..OSBURN, IDAHO 83849	
NOTARY (Seal)	Subscribed and sworn to before me on: APRIL 12, 1972		12. Signature of Notary: Wayne E. Johnson	13. Notary Commission expires: JANUARY 25, 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho - # 367016	Date Issued: ----	Date Orig. Entry: child born Jan 21,1943
	Date of Birth: Age 31	Birth Place: Harrison, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: (at time of birth) Affidavit by friend of family		By whom issued and signed: Angela Calabretta	Date Issued: Mar.14,1972	Date Orig. Entry: ------
	Date of Birth: Jan.2,1912	Birth Place: Harrison, Idaho	Full Name of Mother: father Antone Damiano	Name of Father: mother Catherine Tonti	
SUPPORTING RECORD 3.	Type of Document: School Census Report		By whom issued and signed: Kootenai County Dist. 15	Date Issued: Jan.31,1972	Date Orig. Entry: Census taken 1925 (Oct.28)
	Date of Birth: Age 13	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: April 27,1972

FORM BH 56067

APR 2 8 1972

867-114-041-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-294

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert James Hopkins		2. Date Of Birth (month) Aug. (day) 14 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Teton; b. City or Town of Birth: Clawson
FATHER	6. Full Name of Father: Ezekiel James Hopkins		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rhoda G. Homer		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert J. Hopkins	11. Present Address of Registrant: St. George, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1972	12. Signature of Notary: [illegible]	13. Notary Commission expires: March 25 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of LDS Church Certificate of Birth	By whom issued and signed: Teton Stake, Clawson Ward, page 740 entry #34	Date Issued: ---	Date Orig. Entry: Sept. 12, 1912
	Date of Birth: Aug. 14, 1912 / Birth Place: Clawson, Idaho Teton County	Full Name of Mother: Rhoda G. Homer	Name of Father: Ezekiel James Hopkins	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage License #8404	By whom issued and signed: Washington County, Utah	Date Issued: Apr. 12, 1972	Date Orig. Entry: Feb. 8, 1965
	Date of Birth: Age: 52 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Sept. 4, 1958	Date Orig. Entry: ----
	Date of Birth: Age 46 / Birth Place: Clawson, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	May 2, 1972

FORM BH 56067

MAY 3 1972

993-123-039-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-299

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fred Dell Richardson
2. Date Of Birth (month) 12 (day) 23 (year) 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Power
b. City or Town of Birth: Rockland Idaho

FATHER

6. Full Name of Father: Ben James Richardson
7. State or Country of Father's Birth: Wyoming

MOTHER

8. Full Maiden Name of Mother: Rhoda Francis Warner
9. State or Country of Mother's Birth: Rockland Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fred D Richardson
11. Present Address of Registrant: 4021 Spirit Lake Hwy Priest Lake, Wa 99843

NOTARY (Seal)

Subscribed and sworn to before me on: March 17 19 72
12. Signature of Notary: Thomas R. Fletcher
13. Notary Commission expires: Dec 15 19 75

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage return #13835	Lewis County, Washington	Feb.18,1972	July 3,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	Rockland, Idaho	Ben Richardson	Rhoda Warner

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Ben J. Richardson	Sep.21,1971	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.23,1912	Rockland, Idaho	Ben J. Richardson	Rhoda Francis

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	Dept.of Health-Olympia, Wn.	Sept.2,1959	child born Nov.16, 1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 39	Rockland,Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

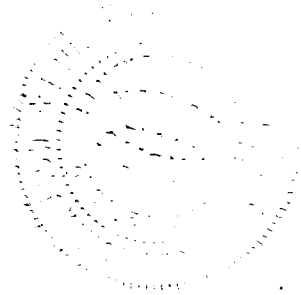
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	May 2,1972

FORM BH 56067

8-11-21

MAY 3 1972



243-115-039-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-305

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANCIS KUCERA		2. Date Of Birth (month) 9 (day) 15 (year) 12
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: AM. FALLS, POWER, IDA
			b. City or Town of Birth: AMERICAN FALLS, IDAHO
FATHER	6. Full Name of Father: JOSEPH KUCERA		7. State or Country of Father's Birth: ~~THE~~ CZECHSOLAVIKA
MOTHER	8. Full Maiden Name of Mother: MARY HELEN KUCERA		9. State or Country of Mother's Birth: MINNESOTA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Francis Kucera	11. Present Address of Registrant: Star Rt 1 Box 137 Toledo, OR
NOTARY (Seal)	Subscribed and sworn to before me on 3/28 1972	12. Signature of Notary	13. Notary Commission expires 3/24/73 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: Roman Catholic Church	Date Issued: Mar. 25, 1960	Date Orig. Entry: Baptized Nov. 20, 1912
	Date of Birth: Sept. 15, 1912	Birth Place: American Falls	Full Name of Mother: Mary Kucera	Name of Father: Joseph Kucera
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Joseph Kucera	Date Issued: Mar. 28, 1972	Date Orig. Entry: ----
	Date of Birth: Sept. 15, 1912	Birth Place: American Falls	Full Name of Mother: Mary Helen Kucera	Name of Father: Joseph Kucera
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 441968	Date Issued: ----	Date Orig. Entry: Child born Aug 24, 1947
	Date of Birth: Age 34	Birth Place: American Falls	Full Name of Mother: ----	Name of Father: -----

QUALIFYING INFORMATION

Statement regarding family records states that although the mother and father of Francis Kucera bore the last name of Kucera, they were not related to each other.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 4, 1972

FORM BH 56067

4 [illegible] 72

MAY 4 1972

343-226-003-392

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-317

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ora May Cutler ~~Knapp~~
2. Date Of Birth: (month) Dec (day) 26 (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Onyx Idaho Bannock; b. City or Town of Birth: Onyx Idaho

FATHER

6. Full Name of Father: Ethen Freeman Cutler
7. State or Country of Father's Birth: Brigham Box Elder Utah

MOTHER

8. Full Maiden Name of Mother: Ida Ella Lish
9. State or Country of Mother's Birth: Bananza Bar Cassia Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ora May Cutler
11. Present Address of Registrant: 1120 E Oak Pocatello Ida.

NOTARY (Seal)

Subscribed and sworn to before me on April 20 1972

12. Signature of Notary: H W Boring
13. Notary Commission expires: April 22 1974

APPLICANT -- DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother Age 70	George Cutler	Apr. 1972	----
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec. 26, 1912 Onyx, Idaho	Ida Ella Lish	Ethen Freeman Cutler	
SUPPORTING RECORD 2.	Own childs birth certificate	St. Anthony's Mercy Hosp.	---	Child born Mar 13, 1934
	Dec. 26, 1912 Onyx, Idaho	----- -	-----	
SUPPORTING RECORD 3.	Family RECORD	Family	---	obviously old
	Dec. 26, 1912 Onyx, Idaho	Ida Ella Lish	Eathen Freeman Cutler	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 5, 1972

FORM BH 56067

ICP photo 19940

MAY 5 1972

244-22-033-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-319

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Myrtle Summers		2. Date Of Birth (month) (day) (year): March 25, 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Madison; b. City or Town of Birth: Burton
FATHER	6. Full Name of Father: John Levinas Summers		7. State or Country of Father's Birth: Utah - Uintah, Weber Co.
MOTHER	8. Full Maiden Name of Mother: Dora M. Montgomery		9. State or Country of Mother's Birth: Montana - Butte, Silver Bow Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: *Dorothy M. Carlyle	11. Present Address of Registrant: Ririe, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 18 1972	12. Signature of Notary: *	13. Notary Commission expires: 8-13 1972

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of birth	By whom issued and signed: L.D.S.Church-E.Rigby Stake	Date Issued: Mar.23,1965	Date Orig. Entry: Recorded Feb.1,1919
	Date of Birth: Mar.25,1912 / Birth Place: Burton,Idaho	Full Name of Mother: Dora Montgomery	Name of Father: John L. Summers	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 82	By whom issued and signed: Dora M. Summers	Date Issued: Mar 19,1965	Date Orig. Entry: -----
	Date of Birth: Mar.25,1912 / Birth Place: Burton,Idaho	Full Name of Mother: Dora M. Montgomery	Name of Father: John Levinas Summers	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy 46238-Y1	By whom issued and signed: Gem State Mutual Life Assn.	Date Issued: April 13,1948	Date Orig. Entry: ---
	Date of Birth: Mar 25,1912 Age 36 / Birth Place: Burton,Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: May 8, 1972

FORM BH 56067

MAY 8 1972

319-215-007-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-353

REGISTRANT

1. Registrant's Full Name at Birth: NORA MAY CARTER
2. Date Of Birth: (month) 5 (day) 15 (year) 1912
3. Color or Race: CAUC.
4. Sex: FEMALE
5. Place of Birth: a. County: HAILEY IDAHO BLAINE; b. City or Town of Birth: HAILEY IDAHO

FATHER

6. Full Name of Father: ANDREW CARTER
7. State or Country of Father's Birth: JOPLIN MISSOURI

MOTHER

8. Full Maiden Name of Mother: NETTIE ERNST
9. State or Country of Mother's Birth: KANSAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: NORA MAY BROOKS Nora May Brooks
11. Present Address of Registrant: 5637 COLUMBUS AVE VAN NUYS, CALIF. 91401

Subscribed and sworn to before me on: May 28 1972

12. Signature of Notary: ALICE E. PAUST Alice E. Paust

13. Notary Commission expires: Feb. 20 1975

NOTARY SEAL

ALICE E. PAUST — NOTARY PUBLIC — PRINCIPAL OFFICE IN LOS ANGELES COUNTY
My Commission Expires Feb. 20, 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Census	Blaine County, Dist # 61	May 1972	Census taken Sept. 1920
	Date of Birth: Age 8 / Birth Place: ----	Full Name of Mother: -------	Name of Father: Andy Carter	
SUPPORTING RECORD 2.	Type of Document: (attime of birth) Affidavit by friend of family	By whom issued and signed: Winnie Brooks	Date Issued: May 26, 1972	Date Orig. Entry: -----
	Date of Birth: May 15, 1912 / Birth Place: Hailey, Idaho	Full Name of Mother: Nettie Ernst	Name of Father: Andrew Carter	
SUPPORTING RECORD 3.	Type of Document: records Statement from physicians	By whom issued and signed: Mrs. R. H. Wright	Date Issued: May 1972	Date Orig. Entry: -----
	Date of Birth: May 15, 1912 / Birth Place: Hailey, Idaho	Full Name of Mother: Nettie Ernst	Name of Father: Andrew Carter	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 31, 1972

FORM BH 56067

5-11-72

MAY 30 1972

[redacted]

215-29-029-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-379

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eva Norma Bannister
2. Date Of Birth (month) (day) (year): April 29, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Latah
b. City or Town of Birth: Harvard

FATHER

6. Full Name of Father: Wilbur A. Bannister
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Nora E. Malcolm
9. State or Country of Mother's Birth: West Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eva Norma Carpenter
11. Present Address of Registrant: RT 3, St Maries Idaho 83861

NOTARY (Seal)

Subscribed and sworn to before me on May 22 1972

12. Signature of Notary: Ray A Brewer
13. Notary Commission expires: NOTARY PUBLIC for the State of Idaho Residing at St. Maries, Idaho My commission expires Feb. 24 1973 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding school records District #8	Benewah County, Idaho	Feb.25,1965	Oct.18,1924
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.29,1912 / ----	----	W. Bannister	
SUPPORTING RECORD 2.	Own child's birth certificate	On file Idaho #196955		
	Age: 19 / Harvard, Idaho	---	---	
SUPPORTING RECORD 3.	Affidavit by mother	Nora E. Warden	Apr.30,1967	---
	Apr.29,1912 / Harvard, Idaho	Nora E. Bannister Warden	Wilbur A. Bannister	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

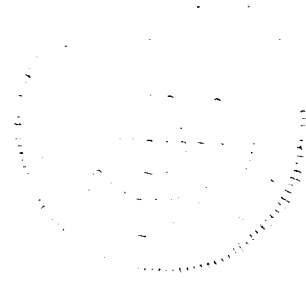
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	gml Glenda Larson	June 13, 1972

FORM BH 56067 NM

5-19-72 gml

JUN 1 3 1972



219-216-009-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-398

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy May Bartlett			2. Date Of Birth (month) 2 (day) 16 (year) 1912	
	3. Color or Race: Cauc.	4. Sex: F	5. Place of Birth: Sandpoint, a. County: Bonner	b. City or Town of Birth: Sandpoint, Idaho	
FATHER	6. Full Name of Father: John Bartlett			7. State or Country of Father's Birth: Cornwall, England	
MOTHER	8. Full Maiden Name of Mother: May Bauman			9. State or Country of Mother's Birth: unknown	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dorothy May Bartlett Hoy	11. Present Address of Registrant: Box 73, Dover, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 13 19 72		12. Signature of Notary: Carroll Featherston	13. Notary Commission expires: July 15 19 75	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family at time of birth		By whom issued and signed: Alvin Jennings Colomb Age: 75	Date Issued: June 13,1972	Date Orig. Entry: ----
	Date of Birth: Feb.16,1912	Birth Place: Sandpoint, Idaho Bonner County	Full Name of Mother: May Bauman	Name of Father: John Bartlett (Jack)	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license affidavit #76409		By whom issued and signed: Bonner County, Idaho	Date Issued: Aug.3,1971	Date Orig. Entry: March 25,1930
	Date of Birth: Age: 18	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: Bonner Co. School Dist. #82, Sandpoint, ID Mike Lamanna, Asst. Supt.	Date Issued: Aug.10,1971	Date Orig. Entry: Sept. 1927
	Date of Birth: Feb.16,1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: J. Bartlett	
QUALIFYING INFORMATION	Own child's birth certificate on file, Idaho State File #190286 gives mother's age as 19 years when child was born on April 9, 1931 and birthplace of mother as Sandpoint, Idaho.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W M Benson		Evidence reviewed by: Glenda Larson	Date Filed: June 14, 1972	

FORM BH 56067

JUN 15 1972

255-207-014-435

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-408

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Marie Kennedy			2. Date Of Birth (month) July (day) 7 (year) 1912	
	3. Color or Race: white	4. Sex: f	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell, Idaho	
FATHER	6. Full Name of Father: Edward Carl Kennedy			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Ethel May McNeilly			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Marie Kennedy Bell		11. Present Address of Registrant: Cascade, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 5 1972	12. Signature of Notary: E. Campbell NOTARY PUBLIC, CASCADE, IDAHO MY COMMISSION EXPIRES NOV. 10, 1975 E. Campbell		13. Notary Commission expires: Nov 10 1975	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #1461042	By whom issued and signed: Sun Life Assurance Co. of Canada		Date Issued: ---	Date Orig. Entry: Jan.16,1935
	Date of Birth: July 7,1912	Birth Place: Caldwell, Idaho	Full Name of Mother: Ethel M. Kennedy	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of baptismal certificate	By whom issued and signed: St.John's Cathedral,Boise,ID Roman Catholic Church		Date Issued: ---	Date Orig. Entry: baptized Sept.25,1949
	Date of Birth: July 7,1912	Birth Place: ---	Full Name of Mother: Ethel May McNeilly	Name of Father: Edward C. Kennedy	
SUPPORTING RECORD 3.	Type of Document: Transcript of school record	By whom issued and signed: The College of Idaho,Caldwell Idaho		Date Issued: ---	Date Orig. Entry: Sept.12,1930
	Date of Birth: July 1912	Birth Place: Caldwell, Idaho	Full Name of Mother: E. ----	Name of Father: E. C. Kennedy	

QUALIFYING INFORMATION

Affidavit by mother issued June 5,1972 gives Myrtle Marie Kennedy born July 7, 1912 ~~in Caldwell, Canyon County, Idaho to Ethel May McNeilly and Edward Carl Kennedy.~~
Signed Mrs. E. C. Kennedy of Cascade, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	June 15, 1972

K FORM BH 56067 In office - Searched - no record

JUN 16 1972

DELAYED

DUP OF 1912-7822

414-201-013-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-444

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: (NAOMI EMOGENE)"JEAN" MADISON			2. Date Of Birth (month) SEPT. (day) 1 (year) 1912	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth: IDAHO a. County: Valley	b. City or Town of Birth: Mc CALL	
FATHER	6. Full Name of Father: JAMES CHRISTOFER MADISON			7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: GLADYS Mc CULLY			9. State or Country of Mother's Birth: OREGON	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jean Madison Nevers	11. Present Address of Registrant: 1117 MAPLE CLARKSTON, WASH.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 22 1972		12. Signature of Notary: Jan S. Cone	13. Notary Commission expires: Dec-6 1972	

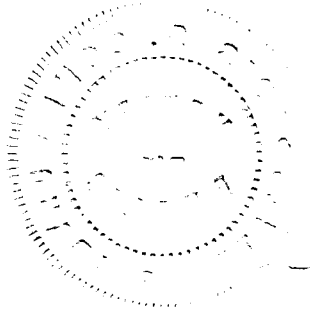
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Gladys (Madison) McCully Lyle	Date Issued: May 17,1972	Date Orig. Entry: ---
	Date of Birth: Sep.1,1912	Birth Place: McCall, Idaho	Full Name of Mother: Gladys McCully (Madison)	Name of Father: James Christofer Madison	
SUPPORTING RECORD 2.	Type of Document: Marriage license and cert.		By whom issued and signed: On file Idaho #59-8859	Date Issued: ---	Date Orig. Entry: Oct.24,1959
	Date of Birth: Age: 47	Birth Place: McCall, Idaho	Full Name of Mother: ---	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record of own child's birth		By whom issued and signed: The Swedish Hospital,Seattle, Washington	Date Issued: ---	Date Orig. Entry: child born July 29,1941
	Date of Birth: Sep.1,1912	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Denson	Evidence reviewed by: Glenda Larson	Date Filed: July 5, 1972

FORM BH 56067

JUL 5 1972



869-223-025-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. BE 72-446

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Christine Hoisington
2. Date Of Birth (month) (day) (year): Jan. 23 1912
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: St. Maries Ida. Benewah
b. City or Town of Birth: St. Maries, Ida

FATHER

6. Full Name of Father: Charles Herbert Hoisington
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Oletta Petria Hoisington
9. State or Country of Mother's Birth: Chicago, Ill.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma Olmsted
11. Present Address of Registrant: Battle Ground, Wn. 98601

NOTARY (Seal)

Subscribed and sworn to before me on: May 24 19 72

12. Signature of Notary: Eva Pettichord
13. Notary Commission expires: 5-29 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate #1511	State of Washington	June 18,1946	child born May 29,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 32	St. Maries, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend of family	Hazel Cardwell Age:81	June 26,1972	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.23,1912	St. Maries,Idaho	Oletta (Lottie) Petria Hoisington Olson	Charles Herbert Hoisington

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of page from family Bible	Family records in Bible	---	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.23,1912	St. Maries	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

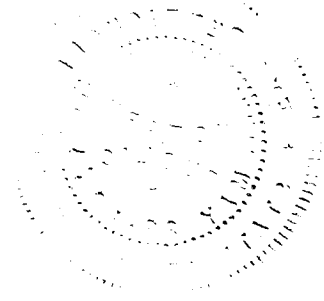
State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	July 5, 1972

FORM BH 56067

1 cp pd rec # 37888 "H" 5-19-72 gml

(Overhead Crane Noising, Inc.)

JUL 5 1972



155-221-003-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. - DE 72-491

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: THELDA JENSEN		2. Date Of Birth (month) February (day) 21, (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Marsh Center, Idaho
FATHER	6. Full Name of Father: Joseph Parley Jensen		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ada Bell Treasure		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelda J Bjorksman	11. Present Address of Registrant: 252 No. 9th - Pocatello, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: April 17 1972	12. Signature of Notary: Leah H Andersen	13. Notary Commission expires: Jan. 3 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle Age 78	By whom issued and signed: W. H. (Pete) Jensen	Date issued: Apr.21,1972	Date Orig. Entry: ----
	Date of Birth: Feb.21,1912; Birth Place: Bannock County, ID Marsh Center	Full Name of Mother: Ada Treasure Jensen	Name of Father: Joseph Parley Jensen	
SUPPORTING RECORD 2.	Type of Document: Church Record of Birth	By whom issued and signed: Ward Clerk L.D.S.Church-Richard Breeze	Date issued: Mar.3,1972	Date Orig. Entry: Blessed April 14,1912
	Date of Birth: Feb.21,1912; Birth Place: Bannock County, ID Marsh Center	Full Name of Mother: Ada Treasure	Name of Father: Joseph Parley Jensen	
SUPPORTING RECORD 3.	Type of Document: photocopy of marriage record #73693	By whom issued and signed: Minidoka County, Idaho	Date issued: ---	Date Orig. Entry: June 29,1935
	Date of Birth: Age: 23; Birth Place: Downey, Idaho*	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION: *Marsh Center is an LDS Ward located in Bannock County, Idaho near Downey.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	fc Glenda Larson	July 27,1972

FORM BH 56067

3-31-72

JUL 28 1972

DELAYED

DUP OF 1912-5643

995-224-065-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-540

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laura Rieger		2. Date Of Birth (month) July (day) 24, (year) 1912
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Benewah. b. City or Town of Birth: in country
FATHER	6. Full Name of Father: Frank Rieger		7. State or Country of Father's Birth: Germany.
MOTHER	8. Full Maiden Name of Mother: Josephine Bucheger		9. State or Country of Mother's Birth: Germany.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laura Rieger Torchie	11. Present Address of Registrant: 2036 Center St Maries Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 11 1972	12. Signature of Notary: Ray A Bowen	13. Notary Commission expires: Notary Public in and for the State of Idaho Residing at St. Maries, Idaho My commission expires Feb. 24, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #212090	Date Issued: ---	Date Orig. Entry: child born May 28,1933
	Date of Birth: Age: 20 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement regarding high-schools records	By whom issued and signed: Mrs.Alma Ebert,Sec.,St.Maries High School, Idaho	Date Issued: Feb.24,1972	Date Orig. Entry:
	Date of Birth: July 24,1912 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism	By whom issued and signed: St.Thomas Church,Coeur d'Alene Idaho	Date Issued:	Date Orig. Entry:
	Date of Birth: July24,1912 / Birth Place: Benewah County	Full Name of Mother: Josephine Bucheger	Name of Father: Pragcisco Rieger	

QUALIFYING INFORMATION

Affidavit by brother issued August 9, 1972 gives Laura Reiger Torchie born July 24, 1912 near St. Maries, Benewah County, Idaho to Frank Reiger and Josephine Bucheger Reiger. Harold J. Reigers Age 66+.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	Glenda Larson	August 16, 1972

K FORM BH 56067

AUG 16 1972

DECEASED

367-13-028-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-549

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Robert William Cope
2. Date Of Birth (month) (day) (year): August 13, 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Coeur d' Alene, Kootenai
b. City or Town of Birth: Coeur d' Alene, Id

FATHER

6. Full Name of Father: Thomas Steven Cope
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Emma Taylor Cope
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert W Cope
11. Present Address of Registrant: 902 St. Maries Ave., Coeur d' Alene, Id.

NOTARY (Seal)

Subscribed and sworn to before me on: William M. Geiss '72 8-14-72
12. Signature of Notary: William M. Geiss
13. Notary Commission expires: 11-17 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Baptism	St.Thomas Church,Coeur d' Alene,ID,Rev.Thomas J.Purcell	---	baptized Sep.8,1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.13,1912	Coeur d'Alene, Idaho	Emma Taylor	Thomas S. Cope

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of honorable military discharge	U.S. Navy,R.E.Cofer,Jr.,Capt U.S. Navy Commanding	discharged Aug.27,1945	enlisted Apr.15,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.13,1912	Coeur d'Alene, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #437367	---	child born May 19,1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 34	Coeur d'Alene, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	August 18,1972

FORM BH 56067 1cp Pd Rec'd 40218 6-29-72

AUG 21 1972

759-126-003-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 72-591

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Edward Perse
2. Date Of Birth (month) (day) (year): May 26 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Robin

FATHER

6. Full Name of Father: James Edward Perse
7. State or Country of Father's Birth: Missouri U.S.A

MOTHER

8. Full Maiden Name of Mother: Nancy Jennings (Armstrong) Perse
9. State or Country of Mother's Birth: Virginia U.S.A

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Edward Perse
11. Present Address of Registrant: 674 E. Seward Bend Oregon 97701

NOTARY (Seal)

Subscribed and sworn to before me on August 28 1972

12. Signature of Notary: Karen L. Wells
13. Notary Commission expires: My Commission Expires May 31, 1974 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding lodge records Pocatello, Idaho	Portneuf Lodge #18,A.F. &A.M. Chadwick F.Westenfelder,Sec.	Aug.15,1972	Nov.11,1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 26,1912 / Robin, Idaho	---	---	
SUPPORTING RECORD 2.	Insurance Policy #2673865	The Northwestern Mutual Life Ins. Co. of Milwaukee,WI	Nov.16,1935	Nov.16,1935
	Age: 23 / ---	---	---	
SUPPORTING RECORD 3.	Affidavit by sister	Elsie Ellis (bd.2/8/1898)	Sep.7,1972	---
	May 26,1912 / near Robin, Idaho	Mannie J. Armstrong Riddle Perse	James Edward Perse	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Sept. 14, 1972

FORM BH 56067

6-2-72

SEP 15 1972

652-11-042-756

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-598

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Merle Francis Westhoff
2. Date Of Birth: (month) Aug (day) 11 (year) 1912
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County: Twin Falls; b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Francis Edward Westhoff
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Anna Barbara George
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Merle Francis Westhoff
11. Present Address of Registrant: Route 4, Parsons, Kans

NOTARY (Seal)

Subscribed and sworn to before me on July 5 1972

12. Signature of Notary: Coral R. Porter
13. Notary Commission expires: My Commission Expires [illegible] 19[illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of hospital record of own child's birth	Mercy Hospital, Parsons,KS	---	child born Mar.3,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.11,1912	Twin Falls, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record Crawford County, Kansas	U.S. Department of Commerce Bureau of the Census	Sep.11,1972	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 7	Idaho	Anna Westhoff	Francis Westhoff

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of Marriage License #F29669 P.J. No.441	State of Kansas, Division of Vital Statistics,Crawford Co	July 27,1972	Oct.16,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Sept. 20, 1972

FORM BH 56067

SEP 20 1972

114-212-022-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-619

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Catherine Luella Jamison
2. Date Of Birth: (month) 1 (day) 12 (year) 1912
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Fremont
   b. City or Town of Birth: Palisade

FATHER

6. Full Name of Father: James Henry Jamison
7. State or Country of Father's Birth: Pa. Crawford Co.

MOTHER

8. Full Maiden Name of Mother: Anna Eva Lena Marshall
9. State or Country of Mother's Birth: Pa. Crawford Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Catherine L. Shoemaker
11. Present Address of Registrant: Cochranton, Pa.

NOTARY (Seal)

Subscribed and sworn to before me on August 24 1972

12. Signature of Notary: Prothonotary Paul D. Slayton
13. My Notary Commission expires: 1st Monday of Jan 1976

Prothonotary

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of school record	Saegertown High School, Saegertown, PA	---	Sept.1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.12,1912	---	----	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	Family Records	----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.12,1912	Palisade, Idaho	Eva Lena Jamison	James Henry Jamison

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister	Nancy Elizabeth Jamison (bd.3/2/1899)	Sep.21,1972	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.12,1912	Palisades, Idaho	Eva Lena Jamison	James Henry Jamison

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	October 3,1972

FORM BH 56067

OCT 4 1972

319-119-010 -753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-628

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LELAND FRANK LARK
2. Date Of Birth (month) (day) (year): NOV. 19 1912
3. Color or Race: White
4. Sex: M.
5. Place of Birth a. County: BONN.
b. City or Town of Birth: UCON, Idaho

FATHER

6. Full Name of Father: FRANK LARK
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: Luella Petersen
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leland Lark
11. Present Address of Registrant: Rt. 2 Idaho Falls, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 24 1972

12. Signature of Notary: [illegible]
13. Notary Commission expires: June 15 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth		By whom issued and signed: Bingham Stake, Willow Creek Ward, rec. members #10390 line 313	Date Issued: Sep.22,1972	Date Orig. Entry: Jan.5,1913
	Date of Birth: Nov.19,1912	Birth Place: Ucon, Idaho Bonneville Idaho	Full Name of Mother: Luetta Charlotte Petersen	Name of Father: Frank Lark	
SUPPORTING RECORD 2.	Type of Document: Federal census record Blaine County, Idaho		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Aug.7,1972	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Luella C. Lark	Name of Father: Frank T. Lark	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father		By whom issued and signed: F. T. Lark	Date Issued: Aug.24,1972	Date Orig. Entry: ---
	Date of Birth: Nov.19,1912	Birth Place: Ucon, Bonneville County, Idaho	Full Name of Mother: Luella C. Petersen	Name of Father: Frank T. Lark	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 6, 1972

FORM BH 56067 (P) 9-24-63. one copy pd. rec. #08973. search made in Bonneville County.

OCT 1 0 1972

434217025-347

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-648

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viola Delora McMillan			2. Date Of Birth (month) 2 (day) 17 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Stites Idaho / Idaho	b. City or Town of Birth
FATHER	6. Full Name of Father: Truman Sampson McMillan			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Rosa Nellie Tupper			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola Housden		11. Present Address of Registrant: 1403 Oxford Ave
NOTARY (Seal)	Subscribed and sworn to before me on: 9-18-1972	12. Signature of Notary: Frank D. Kerr		13. Notary Commission expires: 2-20-1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Marriage Return Book 3, Page 90	By whom issued and signed: Lewis County, Washington Auditor's Office	Date Issued: Mar.14,1972	Date Orig. Entry: May 19,1928
	Date of Birth: Age: 16 / Birth Place: Idaho	Full Name of Mother: Rose Cupper	Name of Father: Truman McMillan	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Lewis County Schools, Chehalis WA (Dist #9 now #401)	Date Issued: Mar.14,1972	Date Orig. Entry: 1926
	Date of Birth: Feb.17,1912 / Birth Place: ---	Full Name of Mother: Mrs. T. S. McMillan	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal aunt	By whom issued and signed: Lillie May Tupper Bales Age:78	Date Issued: Oct.13,1972	Date Orig. Entry: ---
	Date of Birth: Feb.17,1912 / Birth Place: Stites, Idaho	Full Name of Mother: Rosa McMillan	Name of Father: Truman S. McMillan	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda M. Larson	October 17,1972

FORM BH 56067

Ltr pd Nov 13672

5-6-71

OCT 18 1972

553-205-1014-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-662

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jessie Viola ~~Eells~~ Cunningham			2. Date Of Birth (month) Feb. (day) 5 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Canyon	b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: Oliver Howard Eells			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Martha Harriet Wallace			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jessie Cunningham		11. Present Address of Registrant: R1. Beaver Creek, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: September 26 1972	12. Signature of Notary: John Rosenberry		13. Notary Commission expires: 6/9 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified statement regarding marriage records	By whom issued and signed: Payette County, Idaho County Clerk's Office	Date Issued: Sep.18,1972	Date Orig. Entry: Jan.3,1936
	Date of Birth: Age: 23	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt who lived in Parma at time	By whom issued and signed: Anna L. Bayless Age:75	Date Issued: Sep.26,1972	Date Orig. Entry: ---
	Date of Birth: Feb.5,1912	Birth Place: Parma, Idaho	Full Name of Mother: Martha Harriet Eells	Name of Father: Oliver Howard Eells
SUPPORTING RECORD 3.	Type of Document: Page from family Bible	By whom issued and signed: Family Record	Date Issued: ---	Date Orig. Entry: appears old
	Date of Birth: Feb.5,1912	Birth Place: Parma, Idaho	Full Name of Mother: Martha Harriet Eells	Name of Father: Oliver Howard Eells
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wicks	Evidence reviewed by: gml Glenda M. Larson	Date Filed: October 27,1972

FORM BH 56067

OCT 30 1972

854-112 : 031 - 796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-666

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charlie Hemphill			2. Date Of Birth (month) lo (day) 12 (year) 1912	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Kamiah, Idaho	
FATHER	6. Full Name of Father: George Martin Hemphill			7. State or Country of Father's Birth: Salina, Kansas Salina County	
MOTHER	8. Full Maiden Name of Mother: Etta Maria Grotz			9. State or Country of Mother's Birth: Bates County, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Charlie Hemphill	11. Present Address of Registrant: Albion, Washington Box 93	
NOTARY (Seal)	Subscribed and sworn to before me on: October 11, 1972		12. Signature of Notary: Jeraine N Clinton	13. Notary Commission expires: 10/21/ 1975	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age:72		By whom issued and signed: Ralph Hemphill	Date Issued: July 12,1972	Date Orig. Entry: ---
	Date of Birth: Oct.12,1912	Birth Place: Kamiah, Idaho	Full Name of Mother: Etta Grotz	Name of Father: George Martin Hemphill	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage records #64896 A		By whom issued and signed: Spokane County, Washington	Date Issued: Apr.8,1967	Date Orig. Entry: Feb.26,1944
	Date of Birth: Age: 31	Birth Place: Kamiah, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for		By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Jan.23,1939
	Date of Birth: Oct.12,1912	Birth Place: Kamiah, Idaho	Full Name of Mother: Etta Mirie Grotz	Name of Father: George Martin Hemphill	
QUALIFYING INFORMATION	Statement regarding school records, Phyllis Bovey,Clerk, Kamiah, Idaho Joint School Dist.#304 gives age as 12 years on September 7, 1925.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick		Evidence reviewed by: Glenda Larson	Date Filed: October 27, 1972	

FORM BH 56067

NOV 1 1972

649-101-022-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-692

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WALTER THOMAS FURST			2. Date Of Birth: (month) July (day) 1 (year) 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Fremont	b. City or Town of Birth: "rural"	
FATHER	6. Full Name of Father: WILLIAM P. FURST			7. State or Country of Father's Birth: Missouri, U. S. A.	
MOTHER	8. Full Maiden Name of Mother: SARAH EMMA GARNER			9. State or Country of Mother's Birth: North Dakota, U. S. A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: (x) Walter Thomas Furst	11. Present Address of Registrant: Rt. 2 Box 2398B Wenatchee, Wash. 98801	
NOTARY (Seal)	Subscribed and sworn to before me on: June 22 1971		12. Signature of Notary: Jon W Phelps	13. Notary Commission expires: April 24 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal census records Stevens County, Washington		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Oct.24,1972	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Sarah M. Furst	Name of Father: William P. Furst	
SUPPORTING RECORD 2.	Type of Document: photocopy of application & first page of insurance policy		By whom issued and signed: The New York Life Ins. Co. #17-420-925	Date Issued: ---	Date Orig. Entry: June 28,1939
	Date of Birth: July 1,1912	Birth Place: Ida. Lake, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for employment		By whom issued and signed: Great Northern Railway Co., Spokane, Washington Station	Date Issued: ---	Date Orig. Entry: Sept.13,1936
	Date of Birth: July 1,1912	Birth Place: Lake Idaho, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Glenda Larson	Date Filed: Nov. 7, 1972

FORM BH 56067

NOV 8 1972

432-219-037-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-699

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Josephine McKeeth ~~Smith~~		2. Date Of Birth (month) (day) (year): April 19 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Owyhee; b. City or Town of Birth: Grand View - Idaho
FATHER	6. Full Name of Father: Angus Roy McKeeth		7. State or Country of Father's Birth: ~~Owyhee~~ Wisconsin ~~Idaho~~
MOTHER	8. Full Maiden Name of Mother: Alice Elizabeth Jones		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna J. Smith	11. Present Address of Registrant: 3640 S. E. Hawthorne Portland, Ore
NOTARY (Seal)	Subscribed and sworn to before me on: 7/26 19 71	12. Signature of Notary: [signature]	13. Notary Commission expires: My Commission Expires Jan. 24, 1973 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #314		By whom issued and signed: State of Washington	Date issued: Nov.30,1962	Date Orig. Entry: child born Aug.14,1938
	Date of Birth: Age: 26	Birth Place: GrandView, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person who was in attendance at time of birth		By whom issued and signed: Esther (Nelson) Wegman (bd.6/19/1892)	Date issued: June 17,1971	Date Orig. Entry: ---
	Date of Birth: Apr.19,1912	Birth Place: Grand View, Idaho Owyhee, County	Full Name of Mother: Alice Elizabeth (Jones) McKeeth	Name of Father: Roy A. McKeeth	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record Owyhee County, Idaho		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: July 19,1972	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Alice E. McKeeth	Name of Father: Roy McKeeth	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Nov. 9, 1972

FORM BH 56067

NOV 13 1972

669-114-001-999

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-713

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mateo Foruria
2. Date Of Birth: (month) July (day) 14 (year) 12
3. Color or Race: white
4. Sex: Male
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Eusebio Foruria
7. State or Country of Father's Birth: Spain

MOTHER

8. Full Maiden Name of Mother: Elena Iriondo
9. State or Country of Mother's Birth: Spain

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mateo Foruria
11. Present Address of Registrant: Mounted Route Emmett, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on November 2 1922

12. Signature of Notary: Carol B. White
13. Notary Commission expires: 5-18- 1925

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	St. John's Cathedral, Boise, ID MSGR. N.V. Hughes.	Aug. 16, 1972	baptized Nov. 3, 1912
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 14, 1912 / ---	Elena Yriondo	Eusebio Foruria	
SUPPORTING RECORD 2.	certified copy of school record	Loyle V. Washam, Supv. Records Boise, ID Ind. School Dist.	Aug. 31, 1972	Feb. 28, 1919
	July 14, 1912 / ---	---	Eusebio Foruria	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #261144	----	child born Nov. 17, 1937
	Age: 25 / Boise, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Nov. 15, 1972

FORM BH 56067

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753-127-016-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-724

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Avery Peterson		2. Date of Birth (month) November (day) 27 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Hazel
FATHER	6. Full Name of Father: Charles Otto Peterson		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Olive Avery		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold Avery Peterson	11. Present Address of Registrant: Rt 4 Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on November 20 19 72	12. Signature of Notary: Orland E Patterson	13. Notary Commission expires 4-10 19 76

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Bishop-Christopher Boynton LDS Church -John L. Koyle-Clk	Date Issued: ------	Date Orig. Entry: Baptized Sept.3,1921
	Date of Birth: Nov.27,1912 / Birth Place: Hazel, Idaho	Full Name of Mother: Olive Avery	Name of Father: Charles Otto Peterson	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: Idaho State File # 276943	Date Issued: ------	Date Orig. Entry: Child born Dec.15,1938
	Date of Birth: Age 26Yrs / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 80895	By whom issued and signed: Idaho Mutual Benefit Association	Date Issued: June 24,1953	Date Orig. Entry: ------
	Date of Birth: Nov.27, 1912 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Sue Lowe	Date Filed: Nov. 21, 1972

FORM BH 56067

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-735

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Merrill Carr Hutchins			2. Date Of Birth (month) (day) (year): Aug. 1 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur D'Alene
FATHER	6. Full Name of Father: Arthur Hugh Hutchins			7. State or Country of Father's Birth: Milston Jackson, Wisconsin
MOTHER	8. Full Maiden Name of Mother: Annie Laverne Carr			9. State or Country of Mother's Birth: Troy Pike, Alabama
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merrill Carr Hutchins		11. Present Address of Registrant: Emmett, Ida. Route 3 box 124 83617
NOTARY (Seal)	Subscribed and sworn to before me on: November 29 1972	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: State of Idaho File # 288263	Date Issued: ------	Date Orig. Entry: Child born Dec. 10, 1939
	Date of Birth: Age 27 yrs	Birth Place: Cordelane, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church, Sanford, Colorado	Date Issued: -----	Date Orig. Entry: Baptized Aug. 3, 1924
	Date of Birth: Aug. 1, 1912	Birth Place: Coeur D'Alene, Idaho	Full Name of Mother: Annie Laverne Carr	Name of Father: Arthur Hugh Hutchins	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage License Affidavit		By whom issued and signed: State of Idaho - Gem County Donald H. Woodman-Recorder	Date Issued: Nov. 16, 1966	Date Orig. Entry: Date of Applic. Aug. 15, 1933
	Date of Birth: Age 21 yrs	Birth Place: -----	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Sue Lowe	Date Filed: Nov. 29, 1972

FORM BH 56067

NOV 2 9 1972

859-214-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-739

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mona Herold	2. Date Of Birth (month) October (day) 14 (year) 1912
	3. Color or Race: white; 4. Sex: Female; 5. Place of Birth a. County: Cherry creek, oneida county	b. City or Town of Birth: Malad (Cherry Creek)
FATHER	6. Full Name of Father: Charles Samson Herold	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Charlotte Claudia Jones	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mona Herold Vanni; 11. Present Address of Registrant: 791 Bilton Way San Gabriel, Calif
NOTARY (Seal)	Subscribed and sworn to before me on Sept. 20, 19 72	12. Signature of Notary: Joann A Formey; 13. Notary Commission expires May 9 19 76

OFFICIAL SEAL
JO ANN TORNE
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires May 9, 1976
526 W. Las Tunas Dr. San Gabriel, Ca. 91776

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth		By whom issued and signed: Malad Stake, Malad 2nd Ward, members #9265, entry 1213	Date issued: Aug.10,1972	Date Orig. Entry: Nov.7,1920
	Date of Birth: Oct.14,1912	Birth Place: Cherry Creek, Ida. Oneida County	Full Name of Mother: Charlotte Jones	Name of Father: Charles Harold	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #34463162		By whom issued and signed: The John Hancock Mutual Life Insurance Co. of Boston, MA	Date issued: Apr.29,1942	Date Orig. Entry: Apr.29,1942
	Date of Birth: age next b.d. 30	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record		By whom issued and signed: The Community Hospital of San Gabriel, CA	Date issued: ---	Date Orig. Entry: Feb. 8, 1965
	Date of Birth: Oct.14,1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	November 29,1972

FORM BH 56067

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NOV 3 0 1972

VSS-109-042-736

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-761

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louis Martindale Denton		2. Date Of Birth (month) October (day) 9 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Kimberly Idaho Twin Falls (County) — b. City or Town of Birth: Kimberly, Idaho
FATHER	6. Full Name of Father: Robert Henry Denton		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Louise [illegible] Glover		9. State or Country of Mother's Birth: COlorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louis Martindale Denton	11. Present Address of Registrant: 517 Castle Dr. Moses Lake, Wn. 98837
NOTARY (Seal)	Subscribed and sworn to before me on November 17 1972	12. Signature of Notary: Jean Snider	13. Notary Commission expires: March 2 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of mother at time of birth	By whom issued and signed: Goldie May Ridgeway Age:78	Date Issued: Nov.20,1972	Date Orig. Entry: ----
	Date of Birth: Oct.9,1912 / Birth Place: Kimberly, Idaho	Full Name of Mother: Louise Glover Denton	Name of Father: Robert Henry Denton	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for Fidelity Bond	By whom issued and signed: Sun Basin Growers, Inc., Othello, WA	Date Issued: ---	Date Orig. Entry: Mar.27,1963
	Date of Birth: Oct.9,1912 / Birth Place: Kimberly, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #295965	Date Issued: ---	Date Orig. Entry: child born June 14,1940
	Date of Birth: Age: 27 / Birth Place: Kimberly, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	Glenda Larson	December 4, 1972

FORM BH 56067

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219-213-001-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-780

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Harricene Baillie			2. Date of Birth (month) May (day) 13 (year) 1912
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise,
FATHER	6. Full Name of Father: Harry F. Baillie			7. State or Country of Father's Birth: China
MOTHER	8. Full Maiden Name of Mother: Florence Viola Holland			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys H. Shorter		11. Present Address of Registrant: P.O.5 Big Bear Lake, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: October 6 1970	12. Signature of Notary: Florence Courtright		13. Notary Commission expires: 4-20- 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: St. Michael's Cathedral	Date Issued: Oct.27,1912	Date Orig. Entry: Baptized Oct. 27,1912
	Date of Birth: May 13,1912 / Birth Place: Boise, Idaho	Full Name of Mother: Florence Viola Holland	Name of Father: Harry F. Baillie	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Boise City Schools	Date Issued: Jan 27,1964	Date Orig. Entry: attended 1918-1919
	Date of Birth: May 13,1912 / Birth Place: Boise,Idaho	Full Name of Mother: ----	Name of Father: H.F.Baillie	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record Ada County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Dec.8,1972	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7 / Birth Place: Idaho	Full Name of Mother: May W. Baillie*	Name of Father: Harry F. Baillie	
QUALIFYING INFORMATION	*registrant states that May W. Baillie was her step-mother.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Glenda Larson	Date Filed: Dec. 19, 1972	

FORM BH 56067

10-6-70

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DEC 19 1972

349-125-026-745

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-019

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chester William Curtis			2. Date Of Birth (month) (day) (year): September 25, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Co.	b. City or Town of Birth: Clearwater, Idaho
FATHER	6. Full Name of Father: William E. ~~Curtis~~ Edward			7. State or Country of Father's Birth: Vienna, Missouri
MOTHER	8. Full Maiden Name of Mother: Lena Loretta Gunter			9. State or Country of Mother's Birth: Carrol Co., Tina, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chester W. Curtis		11. Present Address of Registrant: W. 318 No. 2nd Grangeville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 8 1973	12. Signature of Notary: William J. Warnock		13. Notary Commission expires: Dec 5, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Lena Loretta Curtis	Date Issued: 12-28-57	Date Orig. Entry:
	Date of Birth: Sept. 25, 1912 / Birth Place: Idaho County, Clearwater, Idaho	Full Name of Mother: Lena Loretta Curtis	Name of Father: Wm. E. Curtis	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #241449	Date Issued:	Date Orig. Entry: child born Feb. 15, 1936
	Date of Birth: age 23 / Birth Place: Clearwater, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of affidavit for marriage license	By whom issued and signed: Idaho County, Idaho file #108410	Date Issued: Dec. 27, 1972	Date Orig. Entry: May 21, 1935
	Date of Birth: Age: 22 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	nr Glenda Larson	January 11, 1973

FORM BH 56067

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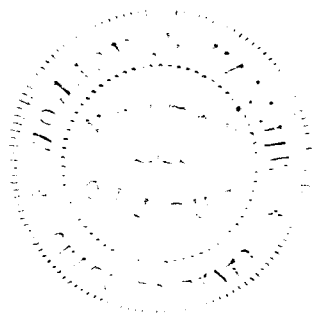

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215-220-021-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-030

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elizabeth Truscott Sant
2. Date Of Birth (month) Nov. (day) 20 (year) 1912
3. Color or Race: white
4. Sex: F.
5. Place of Birth a. County: Franklin
5. Place of Birth b. City or Town of Birth: Idaho, Clifton

FATHER

6. Full Name of Father: Thomas J. Sant
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Laura Elizabeth Sant
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elizabeth T. S. Rice
11. Present Address of Registrant: 675 N. 4 E. Logan, Utah

NOTARY

Subscribed and sworn to before me on December 1, 1972

12. Signature of Notary: [signature]
13. Notary Commission expires: July 6, 1976

S. ALLEN SEAL NOTARY PUBLIC STATE OF UTAH

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding church records	LDS Church, Logan, Utah Donald K. Winter, Ward Clerk	Dec. 17, 1972	blessed Apr. 6, 1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 20, 1912	Franklin County Clifton, Idaho	Laura Sant	Tom J. Sant

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Record of Credits G. Karl Lambert, Registrar	Utah State Univ. of Agriculture & Applied Science, Logan, UT	Jan. 9, 1973	Sept. 21, 1931

Date of Birth	Birth Place *	Full Name of Mother	Name of Father
Nov. 20, 1912	---	----	T. J. Sant

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #16 197 890	New York Life Insurance Co.	Oct. 29, 1943	Oct. 2, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 20, 1912	Clifton, Idaho	---	---

QUALIFYING INFORMATION

*Clifton, Idaho is listed on document after registrant's name, however, it does not state if this is residence or birthplace.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	January 16, 1973

FORM BH 56067

11-17-72

JAN 16 1973

966-225001-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-049

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Elaine Rowell		2. Date Of Birth (month) (day) (year): December 25, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Verne A Powell a(Agro)		7. State or Country of Father's Birth: Ruthvern, Iowa
MOTHER	8. Full Maiden Name of Mother: Helen Marquerite Moore		9. State or Country of Mother's Birth: Fitchburg, Massachusetts
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Elaine Day	11. Present Address of Registrant: Boise Idaho 816 [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: January 22 1973	12. Signature of Notary: Florence Cartright	13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 77	By whom issued and signed: Helen Marguerite Rowell	Date Issued: Jan.22,1973	Date Orig. Entry: ------
	Date of Birth: Dec.25,1912 / Birth Place: Boise, Idaho	Full Name of Mother: Helen Marguerite Moore	Name of Father: Vern Azro Rowell	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File No.198772	Date Issued: ----	Date Orig. Entry: Child born Dec.4,1931
	Date of Birth: Age 18 yrs / Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #4797028	By whom issued and signed: Mutual Life Insurance Co.of New York-David Houston,Pres.	Date Issued: Dec.18,1933	Date Orig. Entry: ----
	Date of Birth: Dec.25,1912 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subatantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Sue Lowe		Date Filed: Jan. 22, 1973

FORM BH 56067

JAN 22 1973

May

217-224-006-633

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-114

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Neva Maxine Sage		2. Date Of Birth (month) Jan. (day) 24 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Shelley,
FATHER	6. Full Name of Father: Benjamin Sage		7. State or Country of Father's Birth: Delphos, Kansas
MOTHER	8. Full Maiden Name of Mother: Minnie Ott		9. State or Country of Mother's Birth: Glasco, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Neva Maxine Miner	11. Present Address of Registrant: 606 ½ W. Cherry Ln. Meridian Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: January 30 1973	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File#211257	Date issued: ----	Date Orig. Entry: Child born Mar.20,1933
	Date of Birth: Age 21 yrs; Birth Place: Shelley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date issued: Feb.2,1973	Date Orig. Entry: original obviously old
	Date of Birth: Jan.24,1912; Birth Place: ----	Full Name of Mother: Minnie Ott Sage	Name of Father: Benjamin Sage	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend (at time of birth) Age 78	By whom issued and signed: Marion F. Womack	Date issued: Feb.20,1973	Date Orig. Entry: ------
	Date of Birth: Jan.24,1912; Birth Place: Shelley,Idaho	Full Name of Mother: Minnie Ott	Name of Father: Benjamin Sage	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Florence Curtright	Feb. 20,1973

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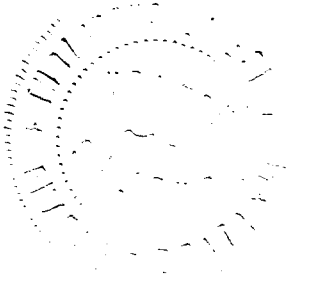
FEB 20 1973



DECEASED

415-214-001-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-130

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Florence Maxine Davidson
2. Date Of Birth (month) 3 (day) 14 (year) 1912
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Boise Ada
b. City or Town of Birth: ~~Missouri~~ Boise

FATHER

6. Full Name of Father: George Washington Davidson
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Margaret Anna Good
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Florence Salakof
11. Present Address of Registrant: #12 W. 1st Emmett, Ida

NOTARY (Seal)

Subscribed and sworn to before me on February 15 1973

12. Signature of Notary: Florence Curtright
13. Notary Commission expires: 4-2- 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	Walter Knox Memorial Hospital	Feb.16,1973	June 1961

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.14,1912	-----	- -----	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	St. Alphonsus Hospital	Oct.8,1944	Child born Oct.8,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.14,1912	Boise, Idaho	-------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy # 179332	Beneficial Life Ins. Co.	Apr.22,1938	Apr.13,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.14,1912	Boise, Idaho	Margaret Good Davidson	George W. Davidson

QUALIFYING INFORMATION

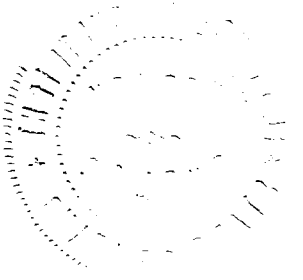
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Feb.26,1973

FORM BH 56067

FEB 28 1973



249-226-014-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De73-134

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Winifred Smith		2. Date Of Birth (month) Sept. (day) 26 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Charles C Smith		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mabel Emily Williams		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen W. Kissing	11. Present Address of Registrant: Rt. #1 Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 9 1973	12. Signature of Notary: Ralph E. Gregory	13. Notary Commission expires: May 20 1975

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy 27334	By whom issued and signed: Old West Life Ins. Co.	Date Issued: Mar.5,1960	Date Orig. Entry: March 5,1960
	Date of Birth: Sept. 26,1912 Birth Place: Caldwell	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt age 80	By whom issued and signed: L. Maude Amundson	Date Issued: Jun.29,1972	Date Orig. Entry: -------
	Date of Birth: Sept.26,1912 Birth Place: Caldwell,Idaho	Full Name of Mother: Mabel E. Williams	Name of Father: Charles C. Smith	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Nampa Senior High School	Date Issued: ---	Date Orig. Entry: Entered Sept. 12,1927
	Date of Birth: Sept.26,1912 Birth Place: ------	Full Name of Mother: -----	Name of Father: C.C.Smith	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: Feb.28,1973

FORM BH 56067

1-28-71

FEB 28 1973

214-214-022-151

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-156

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: *Nellie Helen Sauer*			2. Date Of Birth (month) *March* (day) *14* (year) *1912*
	3. Color or Race: *Caucasian*	4. Sex: *Female*	5. Place of Birth: *Home* a. County: *Fremont*	b. City or Town of Birth: *Grant*
FATHER	6. Full Name of Father: *William Sauer*			7. State or Country of Father's Birth: *Germany*
MOTHER	8. Full Maiden Name of Mother: *Agnes Analuf*			9. State or Country of Mother's Birth: *Germany*
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: *Nellie S Coates*	11. Present Address of Registrant: *El Centro, Calif:*
NOTARY (Seal)	Subscribed and sworn to before me on 5 7 19 73		12. Signature of Notary: *Juanita J Horton*	13. Notary Commission expires _____ 19__

JUANITA J. HORTON
NOTARY PUBLIC-CALIFORNIA
COUNTY OF IMPERIAL
My Commission Expires Aug. 15, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of LDS Church certificate of birth		By whom issued and signed: Rigby Stake, Lewisville Ward, Rec. Members 18537, entry 625	Date Issued: ---	Date Orig. Entry: July 3, 1921
	Date of Birth: Mar. 14, 1912	Birth Place: Grant, Idaho Fremont County	Full Name of Mother: ---	Name of Father: William Sauer	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother		By whom issued and signed: John J. Sauer (bd. 5/20/02)	Date Issued: Jan. 19, 1973	Date Orig. Entry: ----
	Date of Birth: Mar. 14, 1912	Birth Place: Grant, Idaho Fremont County	Full Name of Mother: Agnes Analuf	Name of Father: William Sauer	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record		By whom issued and signed: Pioneers Memorial Hospital, Ronald R. Smith, Asst. Adm.	Date Issued: Feb. 5, 1973	Date Orig. Entry: July 15, 1956
	Date of Birth: Mar. 14, 1912	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: William Sauer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	March 6, 1973

FORM BH 56067

MAR 7 1973

MAR 9 1973

DELAYED

DUP OF IZ-5082

Dup of IZ-5082

366-206-028-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-158

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cleora Lester Cooke
2. Date Of Birth: (month) Nov. (day) 6 (year) 1912
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Kootenai County; b. City or Town of Birth: St. Maries

FATHER

6. Full Name of Father: Edward Vander Cooke
7. State or Country of Father's Birth: Ellensburg, Washington

MOTHER

8. Full Maiden Name of Mother: Ada Rich
9. State or Country of Mother's Birth: Lincoln, Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cleora L Pickup
11. Present Address of Registrant: Rt. 3 Box 193 A Ellensburg, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on January 29 19 73

12. Signature of Notary: Ruth E Rogers
13. Notary Commission expires: May 1 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt who worked for Dr. O.D. Platt, attending Dr.	C. Levina Perin	Jan. 4, 1973	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 6, 1912	St. Maries, Idaho Kootenai now Benewah	Ada Rich	Ed. Cooke

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy #37925	National Public Service Ins. Co.	Nov. 29, 1950	Nov. 29, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 6, 1912	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Post Card Announcing birth sent to Mr. & Mrs. Huss	Family Record - parents	postmarked Nov. 7, 1912	Nov. 7, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
last night 8:30 (Nov. 6, 1912)	(postmarked St. Maries, ID)	Ada	Ed

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	March 7, 1973

FORM BH 56067

MAR 8 1973

141-128-026-354

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-181

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN ARTHUR ADAMS			2. Date Of Birth (month) March (day) 28 (year) 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Roberts Idaho a. County: Jefferson	b. City or Town of Birth: Roberts	
FATHER	6. Full Name of Father: Aaron Arthur Adams			7. State or Country of Father's Birth: Marsh Lake Idaho	
MOTHER	8. Full Maiden Name of Mother: Josephine Louisa Ledwina			9. State or Country of Mother's Birth: Greenbay Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: J Arthur Adams	11. Present Address of Registrant: 1460 Hunnett Dr Idaho Falls	
NOTARY (Seal)	Subscribed and sworn to before me on: April 13 1972		12. Signature of Notary: Notary Public, Ida. Falls, Ida.	13. Notary Commission expires: Aug. 1 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records		By whom issued and signed: Roberts Junior High School, ID	Date Issued: ---	Date Orig. Entry: Sept. 5, 1921
	Date of Birth: Age: 9	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for life Insurance policy		By whom issued and signed: Columbian National Life ins. Co., Boston, Mass.	Date Issued: ---	Date Orig. Entry: May 2, 1950
	Date of Birth: Mar. 28, 1912	Birth Place: Roberts, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record Jefferson County, Idaho		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Feb. 26, 1973	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Josephine A. Adams	Name of Father: Aron A. Adams	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Mick	Evidence reviewed by: gml Glenda Larson	Date Filed: March 15, 1973

FORM BH 56067 1 copy paid rec. 11259 (A) 8-23-67

Adams

MAR 1 6 1973

343-28-042-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-197

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Bell Culbertson			2. Date Of Birth (month) Feb. (day) 28 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho a. County: Twin Falls	b. City or Town of Birth: Twin Falls	
FATHER	6. Full Name of Father: James Wallace Culbertson			7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: OLive May Bell			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alice Bell Peterson	11. Present Address of Registrant: 1910 Hamer Dr. Placentia Cal.	
NOTARY (Seal) see attached card	Subscribed and sworn to before me on: March 12 1973		12. Signature of Notary: Wendell Rogers	13. Notary Commission expires: November 28 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #316107		By whom issued and signed: The Minnesota Mutual Life Ins. Co., St.Paul, MN	Date Issued: Aug.15,1938	Date Orig. Entry: Aug.15,1938
	Date of Birth: Feb.28,1912	Birth Place: Twin Falls, Idaho	Full Name of Mother: Olive May Culbertson	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record Buena Vista Co., Iowa		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Mar.7,1973	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Olive M. Culbertson	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: Los Angeles County, Calif.	Date Issued: ---	Date Orig. Entry: child born Nov.22,1950
	Date of Birth: Age: 38	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Affidavit by relative, Dorothy O'Donoghue Martin (bd. 2/15/00) gives parents as James Wallace Culbertson and Olive May Bell Culbertson. Affidavit signed Feb.28,1973.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Ulick		Evidence reviewed by: Glenda Larson		Date Filed: March 28, 1973

FORM BH 56067

MAR 2 8 1973

TO 447 C

(Individual)

TI

STAPLE HERE

STATE OF CALIFORNIA
COUNTY OF Orange } SS.

On March 12-73 before me, the undersigned, a Notary Public in and for said State, personally appeared Alice Bell Peterson,

_____,

_____,

_____, known to me

to be the person _____ whose name _____ subscribed to the within instrument and acknowledged that She executed the same.

WITNESS my hand and official seal.

Signature Wendell Ruppe

Wendell Ruppe
Name (Typed or Printed)

OFFICIAL SEAL
WENDELL RUPPE
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
ORANGE COUNTY
My Commission Expires [illegible] 1976

(This area for official notarial seal)

239-220-005-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-230

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ethel Stickney		2. Date Of Birth (month) (day) (year): March 20, 1912
	3. Color or Race	4. Sex: Female	5. Place of Birth a.County: Benewah; b.City or Town of Birth: St. Maries,
FATHER	6. Full Name of Father: Edgar Lewis Stickney		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Swisher		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ethel Stickney	11. Present Address of Registrant: P. O. Box 243, San Carlos, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: March 29, 1973	12. Signature of Notary: Joanne A. Thompson	13. Notary Commission expires: October 19, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript of school record		By whom issued and signed: University of Idaho	Date Issued: Apr.28,1964	Date Orig. Entry: Sept.17,1937
	Date of Birth: Mar.20,1912	Birth Place: St.Maries,Idaho	Full Name of Mother: Mary Elizabeth (Swisher) Stickney	Name of Father: E. L. Stickney	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #249174		By whom issued and signed: Royal Neighbors of America	Date Issued: Mar.28,1928	Date Orig. Entry: Feb.28,1928
	Date of Birth: Mar.20,1912	Birth Place: St. Maries, Idaho Benewah County	Full Name of Mother: Mary Elizabeth Stickney	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Baby Book		By whom issued and signed: Family Records	Date Issued: ----	Date Orig. Entry: obviously very old
	Date of Birth: Mar.20,1912 6:15 pm.Wed.	Birth Place: ---	Full Name of Mother: Mary Elizabeth Swisher Stickney	Name of Father: Edgar Lewis Stickney	

QUALIFYING INFORMATION

Statement regarding church records by Franklin A. Meyer, Pastor of the Community Presbyterian Church in St. Maries, ID issued May 23,1970 gives birthdate as March 20, 1912 when baptized on December 8, 1912 by Rev. Duncan Shaw.

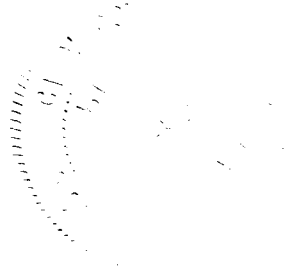
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	April 4, 1973

FORM BH 56067 1 copy paid

APR 4 1973



755-27020-444

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-248

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Monon Prosper Geerhart			2. Date Of Birth (month) April (day) 27 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Pine
FATHER	6. Full Name of Father: Charles Sherman Geerhart			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mary Rudisell			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Monon P Geerhart		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on April 9 1973	12. Signature of Notary: Florence Curtright		13. Notary Commission expires 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age 82	By whom issued and signed: Charles Jonah Geerhart	Date Issued: Apr.9,1973	Date Orig. Entry: ----
	Date of Birth: Apr.27,1912 / Birth Place: Pine,Idaho	Full Name of Mother: Mary Rudisell	Name of Father: Charles Sherman Geerhart	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: St. Luke's Hospital	Date Issued: Apr.9,1973	Date Orig. Entry: Admitted Mar.3,1945
	Date of Birth: Apr.27,1912 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Sept.1,1958	Date Orig. Entry: July 24,1958
	Date of Birth: Apr.27,1912 / Birth Place: Pine, Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Florence Curtright	Date Filed: Apr.12,1973

FORM BH 56067

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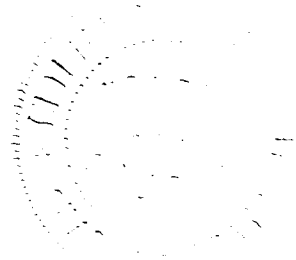


296-229-028-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-254

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie LaVeta Brown		2. Date Of Birth (month) 8 (day) 29 (year) 1912
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho Worley, Kootenai; b. City or Town of Birth: Worley, Idaho
FATHER	6. Full Name of Father: Frank Brown		7. State or Country of Father's Birth: Galena Kansas
MOTHER	8. Full Maiden Name of Mother: Mabel D Lane		9. State or Country of Mother's Birth: Wash.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie LaVeta Boyd	11. Present Address of Registrant: Pullman Wash rt 1 Box 46
NOTARY (Seal)	Subscribed and sworn to before me on: October 24 1972	12. Signature of Notary: Donald C Lawson	13. Notary Commission expires: May 27 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #5449	By whom issued and signed: State of Washington	Date Issued: July 16,1954	Date Orig. Entry: child born Dec.9,1947
	Date of Birth: Age: 35	Birth Place: Worley, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: photocopy of statement regarding school records	By whom issued and signed: Pullman Public Schools, WA Ruth Westbrook, Secretary	Date Issued: Mar.27,1973	Date Orig. Entry: Sept. 1928
	Date of Birth: Age:16	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle living in Worley at that time	By whom issued and signed: Leslie C. Lane Age:70	Date Issued: Feb.8,1973	Date Orig. Entry: ----
	Date of Birth: Aug.29,1912	Birth Place: Worley, Idaho	Full Name of Mother: Mabel Lane	Name of Father: Frank Brown
QUALIFYING INFORMATION				

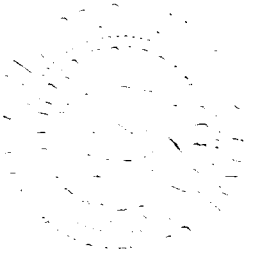
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	April 13, 1973

FORM BH 56067

APR 16 1973



605-124-01-4-735

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-289

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Glenn Davidson Weed
2. Date Of Birth (month) (day) (year): Sept. 24, 1912
3. Color or Race: White
4. Sex: M.
5. Place of Birth: Parma Ida.
a. County: Canyon
b. City or Town of Birth: Parma Ida.

FATHER

6. Full Name of Father: Robert Henry Weed
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Sara Annabelle Glenn
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glenn D. Weed
11. Present Address of Registrant: 1904 Blaine Caldwell, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: April 20, 1973
12. Signature of Notary: Glenda MacLarson
13. Notary Commission expires: September 15 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #272673	---	child born Oct.12,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	Parma, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	College of Idaho - Registrar	Sept.12,1930	Sept.12,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.24,1912	Parma, Idaho	----	R. H. Weed

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by cousin Age 73	Ruth Weed Wolf	Apr.27,1973	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.24,1912	Parma, Idaho	Sarah Annabel Glenn Weed	Robert Henry Weed

QUALIFYING INFORMATION

School Census taken Sept. 1928 gives age as 15. Father as R. Weed. Issued by the County of Canyon School District # 28.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Florence Curtright	May 9,1973

FORM BH 56067
no record

MAY 11 1973

859-217-029-869

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-296

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillie Albertine Heimgartner		2. Date Of Birth (month) Nov (day) 17 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Latah; b. City or Town of Birth: Juliaetta, Idaho
FATHER	6. Full Name of Father: Robert Christ Heimgartner		7. State or Country of Father's Birth: Sioux City, Iowa
MOTHER	8. Full Maiden Name of Mother: Bessie Hoisington		9. State or Country of Mother's Birth: Troy Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillie A. McCall	11. Present Address of Registrant: 1211 4th St Clarkston, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: February 26th 1973	12. Signature of Notary: Dennis C Moore	13. Notary Commission expires: 8-10- 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of first page of insurance policy #56973-X	By whom issued and signed: Gem State Mutual Life Assoc. Inc., Pocatello, Idaho	Date issued: ---	Date Orig. Entry: July 19, 1954
	Date of Birth: Nov. 17, 1912; Birth Place: ---	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage return	By whom issued and signed: Asotin County, Washington	Date issued: ----	Date Orig. Entry: July 2, 1932
	Date of Birth: Age: 19; Birth Place: Juliaetta, Idaho	Full Name of Mother: Bessie Hoisington	Name of Father: Robert C. Heimgartner	
SUPPORTING RECORD 3.	Type of Document: certified copy of school census marshal's report	By whom issued and signed: Nez Perce County, Idaho Dist. #23	Date issued: Apr. 2, 1973	Date Orig. Entry: Sept. 5, 1932
	Date of Birth: Nov. 17, 1912; Birth Place: ---	Full Name of Mother: ---	Name of Father: Robert Heimgartner	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	May 11, 1973

K

FORM BH 56067 1 CP Pd Rec. # 03790 11-14-72

MAY 14 1973

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-329

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eli Con Thomas			2. Date Of Birth (month) (day) (year): June 25 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: U.S.G.	b. City or Town of Birth: Grant Idaho
FATHER	6. Full Name of Father: Nathaniel Eli Thomas			7. State or Country of Father's Birth: Richmond - Utah
MOTHER	8. Full Maiden Name of Mother: Susan Elizabeth Whitt			9. State or Country of Mother's Birth: Ogden - Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eli Con Thomas		11. Present Address of Registrant: Arimo - Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 19 1973	12. Signature of Notary: [illegible]		13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #414407	Date Issued: ----	Date Orig. Entry: child born Dec.25,1945	
	Date of Birth: Age: 33	Birth Place: Grant, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Grant Ward, J.D. Stoddard, Clerk	Date Issued: ----	Date Orig. Entry: blessed Sept.1,1912	
	Date of Birth: June 25,1912	Birth Place: Grant, Idaho Bannock County	Full Name of Mother: Susah Whitt	Name of Father: N. E. Thomas	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Ordination as a Priest	By whom issued and signed: LDS Church, Downey Ward, Fred Monson, Clerk	Date Issued: ----	Date Orig. Entry: ordained Aug.9,1931	
	Date of Birth: June 25,1912	Birth Place: Grant, Bannock Co.	Full Name of Mother: Susan Whitt	Name of Father: Nathaniel E. Thomas	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	May 23, 1973

FORM BH 56067

MAY 24 1973

485-123-042-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-340

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clyde William Myers			2. Date Of Birth (month) (day) (year): February 23, 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Castleford	
FATHER	6. Full Name of Father: James Dillard Myers			7. State or Country of Father's Birth: Tennessee	
MOTHER	8. Full Maiden Name of Mother: Finie Jane Worthington			9. State or Country of Mother's Birth: Tennessee	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clyde William Myers	11. Present Address of Registrant: Twin Falls Route 1	
NOTARY (Seal)	Subscribed and sworn to before me on: May 31, 1973		12. Signature of Notary: Glenda Mae Larson	13. Notary Commission expires: September 15, 1976	

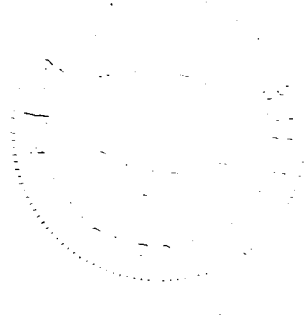
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #294472	Date Issued: ---	Date Orig. Entry: child born April 28,1940
	Date of Birth: Age: 28	Birth Place: Castleford, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person who has known him all his life		By whom issued and signed: Ruth A. Senften Age:78	Date Issued: Aug.24,1971	Date Orig. Entry: ----
	Date of Birth: Feb.23,1912	Birth Place: Castleford, Idaho	Full Name of Mother: Finie Jane Myers	Name of Father: James Dillard Myers	
SUPPORTING RECORD 3.	Type of Document: A token of Confirmation booklet		By whom issued and signed: Immanuel Lutheran Church Rev.R.C. Muhly	Date Issued: --	Date Orig. Entry: confirmed Apr.17,1939
	Date of Birth: Feb.23,1912	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: June 1, 1973

FORM BH 56067

JUN 1 1973



392-203-025-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-341

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Jane Liston		2. Date Of Birth (month) (day) (year): May 3, 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Denver Idaho; b. City or Town of Birth: Denver, Idaho
FATHER	6. Full Name of Father: Edward Liston		7. State or Country of Father's Birth: Ireland
MOTHER	8. Full Maiden Name of Mother: Elvia Jones		9. State or Country of Mother's Birth: Maquan Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen J. Trautman	11. Present Address of Registrant: 11452 60th Ave S. Seattle, WA 98178
NOTARY (Seal)	Subscribed and sworn to before me on: May 16, 1973	12. Signature of Notary: Robt N. Schmidt	13. Notary Commission expires: June 23 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother-in-law	By whom issued and signed: Alfred S. Nelson (21 yrs. old at time of registrant's birth)	Date issued: May 14, 1973	Date Orig. Entry: ---
	Date of Birth: May 3,1912	Birth Place: Denver, Idaho Idaho County	Full Name of Mother: Elvia Jones	Name of Father: Edward Liston
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Seattle-King County Registrar's office. Washington	Date issued: Aug.22,1955	Date Orig. Entry: child born Dec.27,1949
	Date of Birth: Age: 37	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: --
SUPPORTING RECORD 3.	Type of Document: photocopy & statement regarding hospital records	By whom issued and signed: Burien General Hospital Seattle, WA.	Date issued: May 25,1973	Date Orig. Entry:
	Date of Birth: May 3,1912	Birth Place: Idaho	Full Name of Mother: Elvia Jones	Name of Father: Edward Liston
QUALIFYING INFORMATION				

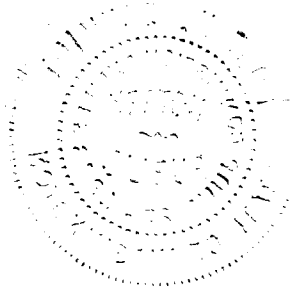
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	June 4,1973

FORM BH 56067

JUN 5 1973



494-111-0022-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-351

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Royal Harold Dimick			2. Date Of Birth (month) (day) (year): Oct 11 1912
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Farnum
FATHER	6. Full Name of Father: Orson Orlando Dimick			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Vivian Grace Miller			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Royal H Dimick		11. Present Address of Registrant: 1357 NW Scenic Drive Albany Or
NOTARY (Seal)	Subscribed and sworn to before me on: 30 April 1973	12. Signature of Notary: W W Stuart		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires 20 Sep 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Record of Wages (Unemployment Comp.Division)	By whom issued and signed: Nevada State Employment Service Las Vegas, NV R.Black,Intvr.	Date Issued: ---	Date Orig. Entry: Registration date 2/5/35	
	Date of Birth: 1912	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Ordination as a Deacon	By whom issued and signed: LDS Church, Logandale,Ward, Priscilla Lyman,Ward Clerk	Date Issued: ----	Date Orig. Entry: ordained Jan.24,1926	
	Date of Birth: Oct.11,1912	Birth Place: Farnum, Idaho	Full Name of Mother: Orson O. Dimick	Name of Father: Vivian G. Miller	
SUPPORTING RECORD 3.	Type of Document: Airman ID card	By whom issued and signed: Civil Aeronautics Adm., U.S. Department of Commerce	Date Issued: Aug.14,1951	Date Orig. Entry: ----	
	Date of Birth: Oct.11,1912	Birth Place: Farnum, Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

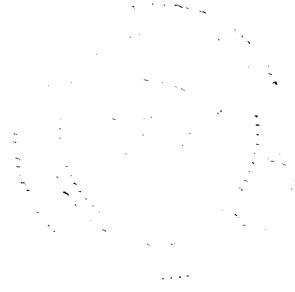
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	June 6, 1973

FORM BH 56067

4-18-73

JUN 6 1973



219-223-001-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-369

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mildred Emily Barnes
2. Date of Birth (month) (day) (year): September 23, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Ada, — b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: John Barnes
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Emily Lane
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mildred E. Otway
11. Present Address of Registrant: 1121 Princess Cove, Detroit Lakes, Minn.

NOTARY (Seal)

Subscribed and sworn to before me on: May 17 1974

12. Signature of Notary: James D. Sinclair
13. Notary Commission expires: January 26 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of order of adoption	Adoption granted in Ada County Probate Court, ID	granted Jan. 5, 1915	Jan. 1915
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sep. 23, 1912 / ---	Emily Barnes	John Barnes	
SUPPORTING RECORD 2.	Affidavit by aunt	Hazel Waldo Mullikin (at least ten years older)	July 26, 1973	---
	Sep. 23, 1912 / Boise, Idaho	----	----	
SUPPORTING RECORD 3.	certified copy of own child's birth certificate F 6184	Nebraska, Vital Statistics	May 23, 1973	child born Apr. 23, 1935
	Age: 22 / Boise, Idaho	---	---	

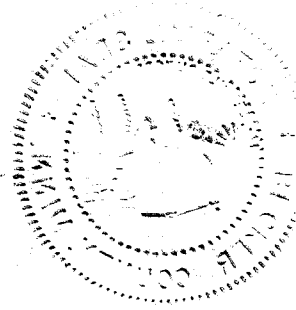
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: JUN 10 1974

FORM BH 56067



Registrant did not want her natural mother's name on the delayed birth certificate.

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-369

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MILDRED EMILY BARNES
2. Date Of Birth (month) (day) (year): September 23, 1912
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: John Barnes
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Emily Lane
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mildred Emily Otway
11. Present Address of Registrant: 1121 Phinney Ave. Detroit Lakes, MN. 56501

NOTARY (Seal)

Subscribed and sworn to before me on: May 9 1973

12. Signature of Notary: James D. Sinclair
13. Notary Commission expires: January 26 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Order of Adoption	By whom issued and signed: Adoption granted in Ada Co. Probate Court	Date Issued: granted 1/5/15	Date Orig. Entry: Jan.15,1915
	Date of Birth: 9/23/12 / Birth Place: -----	Full Name of Mother: Emily Barnes	Name of Father: John Barnes	
SUPPORTING RECORD 2.	Type of Document: Affidavit by maternal aunt	By whom issued and signed (at least ten years older): Hazel Waldo Mullikin	Date Issued: May 7,73	Date Orig. Entry: ----
	Date of Birth: 9/23/12 / Birth Place: Boise, Idaho	Full Name of Mother: Leona Waldo(deceased) natural	Name of Father: mother -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate F 6184	By whom issued and signed: Nebraska, Vital Statistics Bureau	Date Issued: May 23,1973	Date Orig. Entry: child born Apr.23,1935
	Date of Birth: Age: 22 / Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

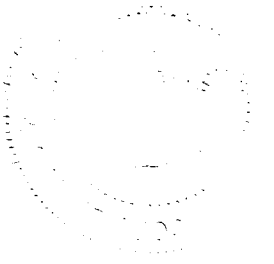
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	June 12, 1973

FORM BH 56067

JUN 12 1973

JUN 11 1974



365-210-040-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-398

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CATHERINE GERTRUDE CONCANNON		2. Date Of Birth (month) DEC. (day) 10, (year) 1912
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: AVERY
FATHER	6. Full Name of Father: WILLIAM MATTHEW CONCANNON		7. State or Country of Father's Birth: CALIFORNIA
MOTHER	8. Full Maiden Name of Mother: MABEL HARRIS		9. State or Country of Mother's Birth: TEXAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Catherine G. Ward	11. Present Address of Registrant: 3605 MARTIN DRIVE SAN MATEO, CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 26, 1973	12. Signature of Notary: J. Sutter Hansen	13. Notary Commission expires: MARCH 15, 1976

I. SUTTER HANSEN
NOTARY PUBLIC - CALIFORNIA
SAN MATEO COUNTY
MY COMMISSION EXPIRES MAR. 15, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mabel M. Redmond	Date issued: Mar.8,1973	Date Orig. Entry: ---
	Date of Birth: Dec.10,1912	Birth Place: Avery, Idaho	Full Name of ~~Mother~~ father: William M. Concannon	Name of ~~Father~~ mother: Mabel M. Redmond
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: child born in Arizona	Date issued: ----	Date Orig. Entry: child born June 3,1934
	Date of Birth: Age: 21	Birth Place: Avery, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism	By whom issued and signed: St. Ignatius Church, Los Angeles, Calif.	Date issued: ----	Date Orig. Entry: baptized Feb.16,1913
	Date of Birth: Dec.10,1912	Birth Place: Avery, Idaho	Full Name of Mother: Mabel Harris	Name of Father: Guglielmar Concannon
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

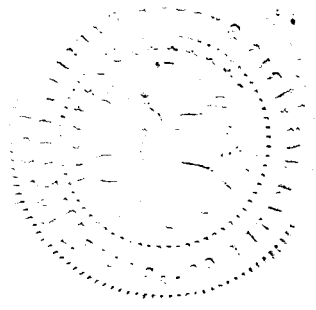
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	June 20, 1973

FORM BH 56067

1 Cp Pd Rec # 05423 12-12-72

JUN 21 1973



216-226-006-649

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-415

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lula Jane Sjostrom			2. Date Of Birth (month) (day) (year): May 26, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Thomas
FATHER	6. Full Name of Father: John Arthur Sjostrom			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Jane Furniss			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the [illegible] my knowledge and belief.		10. Signature of Registrant: Lula Jane Richards	11. Present Address of Registrant: 32742-61 alipaz San Juan Cap Ca 92675
NOTARY (seal)	Subscribed and sworn to before me on June 15, 1973		12. Signature of Notary: Barbara J. Pullen	13. Notary Commission expires: 11-2- 1973

OFFICIAL SEAL
BARBARA J. PULLEN
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
ORANGE COUNTY
My Commission Expires Nov. 2, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage certificate #1457		By whom issued and signed: Los Angeles County Recorder's office, California	Date Issued: Nov.3,1972	Date Orig. Entry: Feb. 1, 1930
	Date of Birth: Age: 17	Birth Place: Idaho	Full Name of Mother: Jane Furniss	Name of Father: John Arthur Sjostrom	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: Los Angeles County Recorder's Office, CA	Date Issued: Oct.6,1972	Date Orig. Entry: child born Aug.20,1943
	Date of Birth: Age: 31	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: LDS Church Certificate of Birth		By whom issued and signed: Blackfoot Stake, Thomas Ward Members #18685, bless. line 221	Date Issued: Mar.23,1973	Date Orig. Entry: July 7,1912
	Date of Birth: May 26,1912	Birth Place: Thomas, Idaho Bingham County	Full Name of Mother: Jane Furniss	Name of Father: John A. Sjostrom	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	June 26,1973

FORM BH 56067

JUN 2 7 1973

432-123-018-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-442

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lemuel Aurthur McKinney		2. Date Of Birth (month) Oct (day) 23 (year) 1912
	3. Color or Race: Cau.	4. Sex: M	5. Place of Birth a. County: Clearwater; b. City or Town of Birth: Greer, Idaho (Fraser-mail Greer *
FATHER	6. Full Name of Father: Ralph McKinney		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Susannah Talley		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lemuel Arthur McKinney	11. Present Address of Registrant: Rt. 1, Potlatch, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 4 1973	12. Signature of Notary: Adeline B. Howard	13. Notary Commission expires: October 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #297495	Date issued: July 15,1940	Date Orig. Entry: child born July 15, 1940
	Date of Birth: Age: 27	Birth Place: Frazier, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother		By whom issued and signed: Dewey McKinney (15 years older)	Date issued: June 4,1973	Date Orig. Entry: ---
	Date of Birth: Oct.23,1912	Birth Place: Greer, Idaho Clearwater County	Full Name of Mother: Susannah Talley McKinney	Name of Father: Ralph McKinney	
SUPPORTING RECORD 3.	Type of Document: photocopy of employment record		By whom issued and signed: Potlatch (P.A.A.C.)	Date issued: ---	Date Orig. Entry: Aug. 1928
	Date of Birth: Oct.23,1912	Birth Place: Greer, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

*according the the Gazetteer of Cities, Villages prepared by Idaho Dept. of Highways, Fraser is listed as (Mail Greer).

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	July 20,1973

FORM BH 56067

ICP Pd Rec # 11923

4-20-73

JUL 2 3 1973

131-101-004-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-449

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wayne Holmes Aland
2. Date of Birth: (month) May (day) 1 (year) 1912
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Pegram; Idaho

FATHER

6. Full Name of Father: John Albert Aland
7. State or Country of Father's Birth: Bloomington, Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Jane Smith
9. State or Country of Mother's Birth: Utah (Rich) Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wayne H Aland
11. Present Address of Registrant: 616-11th Ave. N. Buhl Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 15 1961
12. Signature of Notary: John W. Rhoads
13. Notary Commission expires: May 1 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for insurance policy	The Equitable Life Assurance Society of the U. S.	---	June 16,1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 1,1912 / Pegram, Idaho Bear Lake County	---	---	
SUPPORTING RECORD 2.	Certificate of ordination as a priest	LDS Church, Montpelier 2nd Ward, Byron E. Mumford, Clerk	Mar.7,1930	ordained Mar.4,1930
	May 1,1912 / Pegram, Idaho	Mary Jane Smith	John A. Aland	
SUPPORTING RECORD 3.	Statement regarding employment records	E. C. May, Supt., U.P.R.R. Co. Pocatello, Idaho	July 6,1973	employed Aug.8,1936
	May 1,1912 / Pegram, Idaho	----	---	

QUALIFYING INFORMATION

Dr George F. Ashley was attending physician, at birth.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: July 23, 1973

FORM BH 56067

3-3-61

JUL 24 1973

643-223-023-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-455

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jamie Ann Fuller		2. Date Of Birth (month) (day) (year): Nov. 23, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gem County (Sweet) / b. City or Town of Birth: Sweet, Idaho
FATHER	6. Full Name of Father: James Madison Fuller		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Jennie Annazie Moore		9. State or Country of Mother's Birth: Springfield, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jamie A. Fuller	11. Present Address of Registrant: Sweet, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 23 1973	12. Signature of Notary: Florence Cartright	13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother Age 85yrs	By whom issued and signed: Jennie A. Fuller	Date Issued: July 23,1973	Date Orig. Entry: --------
	Date of Birth: Nov.23,1912 / Birth Place: Sweet, Idaho	Full Name of Mother: Jennie Annazie Moore	Name of Father: James Madison Fuller	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of IdahoFile #53-2272	Date Issued: -------	Date Orig. Entry: Child Born Mar.4,1953
	Date of Birth: Age 40 yrs / Birth Place: Sweet, Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: Ada County Recorder -Otto F. Peterson Boise, Idaho	Date Issued: Mar.4,1948	Date Orig. Entry: married March 6, 1948
	Date of Birth: Age 35 yrs / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Sue Lowe	Date Filed: 7/23/73

K

Client

JUL 23 1973

395-218-039-946

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Notary commission expires January 22, 1977

State File No. DE 73-470

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Pauline Lindauer			2. Date Of Birth (month) (day) (year): November 18, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Powers, Idaho	b. City or Town of Birth: American Falls, Idaho
FATHER	6. Full Name of Father: Daniel Fredrick Lindauer			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Christina Ruff			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha P. Snyder		11. Present Address of Registrant: 330 S. Freeman, Oceanside, Ca.
NOTARY (Seal)	Subscribed and sworn to before me on: June 15, 19 73	12. Signature of Notary: Phyllis L. Henninger		13. Notary Commission Expires: OFFICIAL SEAL PHYLLIS L. HENNINGER NOTARY PUBLIC - CALIFORNIA Principal Office in San Joaquin County My Commission Expires January 22, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Olga Gansinger Age: 76	Date Issued: June 15,1973	Date Orig. Entry: ----
	Date of Birth: Nov.18,1912	Birth Place: American Falls,ID Power County	Full Name of Mother: Christina Ruff	Name of Father: Daniel Fredrick Lindauer
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Naturalization for father	By whom issued and signed: U.S. Department of Labor,Vol. #11, Number 111,Paul Bulfinch,Cl.Dist.Ct.	Date Issued: ---	Date Orig. Entry: Apr.18,1917
	Date of Birth: Age: 4	Birth Place: ---	Full Name of Mother: Christina Lindauer	Name of Father: Daniel Frederick Lindauer
SUPPORTING RECORD 3.	Type of Document: certified copy of school records	By whom issued and signed: Lodi Union High School,Mrs. Grace Beach,Registrar,Tokay H.S.,CA	Date Issued: June 18,1973	Date Orig. Entry: Sept.11,1928
	Date of Birth: Nov.18,1912	Birth Place: American Falls, Idaho	Full Name of Mother: ---	Name of Father: Dan Lindauer

QUALIFYING INFORMATION

Statement regarding church record by The Rev.Herbert Schaal,Ebenezer Congregational United Church of Christ, Lodi, CA, June 18, 1973 gives--Bertha Pauline Lindauer born November 18, 1912; confirmed March 24, 1929 (Page 104 of record book).

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wisk	Glenda Larson	August 2, 1973

FORM BH 56067

AUG 3 1973

445-128-042-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-477

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Benjamin Dunks			2. Date of Birth (month) (day) (year): November 28, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: James Monroe Dunks			7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Pearl Crocket			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James B Dunks		11. Present Address of Registrant: 525 7th St. Boulder City Nev. 89005
	NOTARY (Seal) ELSIE M. KLANN Notary Public—State of Nevada COUNTY OF CLARK My Commission Expires Feb. 8, 1974	Subscribed and sworn to before me on Aug 1 1973	12. Signature of Notary: Elsie M. Klann	13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal census record (Twin Falls County, Idaho)	By whom issued and signed: Department of Commerce Bureau of the census	Date Issued: May 29, 1941	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Pearl Dunks	Name of Father: James Dunks
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: ---	Date Orig. Entry: Apr. 23, 1941
	Date of Birth: Nov. 28, 1912	Birth Place: Twin Falls, Idaho	Full Name of Mother: Pearl Dunks	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #46-105327	By whom issued and signed: State of California	Date Issued: May 9, 1951	Date Orig. Entry: child born July 14, 1946
	Date of Birth: Age: 33	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson		Date Filed: August 7, 1973

FORM BH 56067

AUG 9 1973

154204.009-546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-495

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Marion Andersson		2. Date Of Birth (month) April (day) 4 (year) 1912
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Sandpoint Idaho Bonner; b. City or Town of Birth: Sandpoint Ida. Bonner
FATHER	6. Full Name of Father: Julius Anderson		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Lavevne L Edwards		9. State or Country of Mother's Birth: North
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna M Selle	11. Present Address of Registrant: 511 N. 4th Missoula Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: August 9 1973	12. Signature of Notary: Darrett Riley	13. Notary Commission expires: Sept 30 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Naturalization #736671 Vol. 3 Number 288		By whom issued and signed: U.S. Dept. of Labor Bonner Co., ID Clk.Dist.Court	Date Issued: Sep.9,1919	Date Orig. Entry: Sept.9,1919
	Date of Birth: Age: 7	Birth Place: ---	Full Name of Mother: Lavergne	Name of Father: Julius Anderson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #354668	Date Issued: ----	Date Orig. Entry: child born July 10,1942
	Date of Birth: AGE: 30	Birth Place: Sandpoint, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Bonner County School Dst. records		By whom issued and signed: Mike Lamanna,Asst.Supt., Sandpoint, Idaho	Date Issued: June 11,1973	Date Orig. Entry: First Tuesday Sept. 1918
	Date of Birth: Apr.4,1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: Julius Anderson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	Glenda Larson	August 16, 1973

FORM BH 56067

AUG 1 7 1973

559-110-037-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-524

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CARL HURST NEIL			2. Date Of Birth (month) (day) (year): August 10 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Owyhee	b. City or Town of Birth: Grandview
FATHER	6. Full Name of Father: JOHN MARCUS NEIL			7. State or Country of Father's Birth: Georgia
MOTHER	8. Full Maiden Name of Mother: MAUDE FISHER PITTMAN			9. State or Country of Mother's Birth: Georgia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl H Neil		11. Present Address of Registrant: 3003 Woody Drive Boise, Idaho 83703
NOTARY (Seal)	Subscribed and sworn to before me on: September 3 19 73	12. Signature of Notary: John G Fanchild		13. Notary Commission expires: October 17 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #10 075 772	By whom issued and signed: Prudential Ins. Co. of Amer.		Date Issued: Dec.30,1937	Date Orig. Entry: Dec.30,1937
	Date of Birth: Aug.10,1912	Birth Place: Grandview,Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt age 80	By whom issued and signed: Bernice Pittman Hyde		Date Issued: Sept.3,1973	Date Orig. Entry: -----
	Date of Birth: Aug 10,1912	Birth Place: Grandview,Idaho	Full Name of Mother: Maude Fisher Pittman	Name of Father: John Marcus Neil	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 317613		Date Issued: ----	Date Orig. Entry: child born Jun 19, 1941
	Date of Birth: Age 28	Birth Place: Grandview,Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

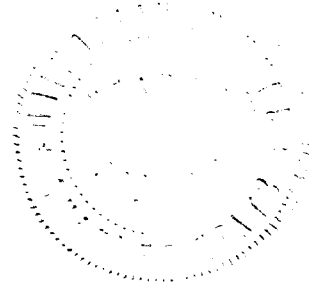
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Sept. 4, 1973

FORM BH 56067

UM (M) 2-23-73

Neil

SEP 19 1973



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212-213-025-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-545

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mabel Bassett
2. Date Of Birth (month) (day) (year): Jan 13 1912
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Ivings, Idaho
b. City or Town of Birth: Ivings

FATHER

6. Full Name of Father: Leroy Bassett
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Celia Ellen Woodland
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mabel Bassett
11. Present Address of Registrant: BOX 163 Shelley Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 9. 1973
12. Signature of Notary: Agnes D. Clay
13. Notary Commission expires: Dec 1. 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On File Idaho #215286	----	child born Sept.22,1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 21	Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Marriage License Affidavit	Bingham County, Idaho	---	Oct.14,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 19	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of family record	family records	Feb.15,1972	appears old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.13,1912	Ivings, Idaho	Celia E. Bassett	Leroy Bassett

QUALIFYING INFORMATION

Affidavit by older brother, Andrew Bassett, signed Nov.7,1967 gives Mabel Bassett born January 13, 1912 at Ivings, Idaho. (according to the family record, Andrew was born on 9/28/03)

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Sept. 10, 1973

FORM BH 56067

11-17-67

SEP 11 1973

265-122-022-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-549

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George W. Swensen			2. Date Of Birth (month) February (day) 22 (year) 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: St. Anthony Idaho Fremont	b. City or Town of Birth: St. Anthony	
FATHER	6. Full Name of Father: Andrew Swensen, Jr.			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Annie K. Poulson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: George W. Swensen	11. Present Address of Registrant: St. Anthony Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 23 1975		12. Signature of Notary: [illegible]	13. Notary Commission expires: 9-27 1975	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother present at time of birth		By whom issued and signed: Arnold Swensen Age: 81	Date Issued: June 22,1973	Date Orig. Entry: ----
	Date of Birth: Feb.22,1912	Birth Place: St.Anthony,Idaho	Full Name of Mother: Annie K. Paulsen	Name of Father: Andrew Swensen, Jr.	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of ordination as a teacher		By whom issued and signed: LDS Church, St.Anthony 1st Ward,LaVern Clark,Ward Clerk	Date Issued: ----	Date Orig. Entry: ordained Feb.14,1932
	Date of Birth: Feb.22,1912	Birth Place: St.Anthony,Idaho	Full Name of Mother: Annie C. Paulson	Name of Father: Andrew Swensen	
SUPPORTING RECORD 3.	Type of Document: Certified copy of school census marshal's report		By whom issued and signed: Fremont County, Idaho Card #545-13	Date Issued: Aug.22,1973	Date Orig. Entry: Sept. 1923
	Date of Birth: Age: 11	Birth Place: ----	Full Name of Mother: ---	Name of Father: Andrew Swensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 12, 1973

FORM BH 56067

SEP 13 1973

119-214-222-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-586

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PAULINE MAI			2. Date Of Birth: January 14 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho a. County: Fremont	b. City or Town of Birth: Sugar City	
FATHER	6. Full Name of Father: JOHN MAI			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: AMALIA SCHLAGER			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Pauline Wenz	11. Present Address of Registrant: 1125 Plumtree Lane Penryn, Calif. 95663	
NOTARY (seal) MARCIA J. MAXWELL NOTARY PUBLIC YOLO COUNTY, CALIFORNIA My commission expires November 21, 1973	Subscribed and sworn to before me on February 9, 19 73		12. Signature of Notary: Marcia J Maxwell	13. Notary Commission expires: November 21 19 73	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of high school records		By whom issued and signed: Burley High School, R.Blauer, Registrar	Date Issued: ---	Date Orig. Entry: 1927
	Date of Birth: Jan.14,1912	Birth Place: ---	Full Name of Mother: ----	Name of Father: John Mai	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #205768	Date Issued: ----	Date Orig. Entry: child born Aug.3,1932
	Date of Birth: Age: 20	Birth Place: Sugar City, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother age 73		By whom issued and signed: William Mai	Date Issued: Jul.25,1973	Date Orig. Entry: -----
	Date of Birth: Jan.14,1912	Birth Place: Sugar City	Full Name of Mother: Amolia (Molly) Schlager	Name of Father: John Mai	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Florence Curtright	Date Filed: Oct.4,1973

FORM BH 56067

OCT 5 1973

297-229-016-857

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-587

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leatha Jane Bigler
2. Date Of Birth (month) (day) (year): October 29 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Cassia
b. City or Town of Birth: Elba, Idaho

FATHER

6. Full Name of Father: Jacob Edwin Bigler Davis County
7. State or Country of Father's Birth: Farmington, Utah

MOTHER

8. Full Maiden Name of Mother: Hannah Hepworth Washington County
9. State or Country of Mother's Birth: St.George, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leatha Jane Bigler Feed
11. Present Address of Registrant: 1017 Prospect Lewiston Idaho. 83501

NOTARY (Seal)

Subscribed and sworn to before me on July 10 1973

12. Signature of Notary: D Sanderson Miles
13. Notary Commission expires: 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Baptism and Confirmation	LDS Church, Elba Ward, Elihu Beecher, Bishop	orig.dated Nov.6,1927	baptized Nov.6,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.29,1912	Elba, Cassia County, Idaho	Hannah Hepworth	Jacob Bigler

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of marriage license and certificate	Nez Perce County, Idaho County File #331704	married June 14,1968	license dated June 10,1968

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 55	Elba, Idaho	----	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	St. Joseph's Hospital	Sept.5,1973	Admitted Nov.12,1963

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.29,1912	-----	-----	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Florence Curtright	Oct.4,1973

FORM BH 56067

6-22-13

OCT 5 1973

L35 L48

215-121-016-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

(1)

State File No. DE 73-617

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARION MATHEW SAVAGE		2. Date Of Birth (month) (day) (year): MARCH 21 1912
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: HOME CASSIA; b. City or Town of Birth: ELBA
FATHER	6. Full Name of Father: MARION CORNELIEUS SAVAGE		7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: ROSETTA ELIZABETH BARKER		9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marion Savage	11. Present Address of Registrant: 5755 YELLOWSTONE POCATELLO IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: May 22 1973	12. Signature of Notary: Chas M Carlsen	13. Notary Commission expires: NOTARY PUBLIC OF IDAHO Residing at Pocatello My Commission Expires 3-25-77 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of enlisted record & report of separation		By whom issued and signed: QMC AUS Honorable Discharge G.W.Motter, WOJG USA	Date issued: separated Mar.27,1946	Date Orig. Entry: inducted Aug.18,1943
	Date of Birth: Mar.21,1912	Birth Place: Elba, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application of insurance policy		By whom issued and signed: Bankers Life Co., Des Moines Iowa	Date issued: ---	Date Orig. Entry: Sept.20,1948
	Date of Birth: Mar.21,1912	Birth Place: Elba, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Federal Census Records Cassia County, Idaho		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Sep.10,1973	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Rose Savage	Name of Father: Marion Savage	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	October 17,1973

FORM BH 56067 1 Cp Pd Rec # 05572 11-16-72

OCT 1 8 1973

844-214-042-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-624

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Lucille Humphries			2. Date Of Birth (month) May (day) 14 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls, Idaho	
FATHER	6. Full Name of Father: James Marion Humphries			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Alice Estella Kemble			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lucille Helms	11. Present Address of Registrant: 2315 11th.St. Bremerton, Wn.	
NOTARY (Seal)	Subscribed and sworn to before me on Sept. 24 1973		12. Signature of Notary: Helen J. Walker	13. Notary Commission expires: October 24, 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: Harrison Memorial Hospital, Bremerton, WA, Edith Mantyla, ART	Date Issued: 9/25/73	Date Orig. Entry: Oct.23,1962
	Date of Birth: May 14,1912	Birth Place: Twin Falls, IDAHO	Full Name of Mother: Alice Kimble	Name of Father: Marion Humpheries	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: New York Life Ins. Co. 27-045-767	Date Issued: ----	Date Orig. Entry: Aug. 16, 1960
	Date of Birth: May 14,1912	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of age from marriage record		By whom issued and signed: Twin Falls County Recorder's Office, Idaho Bk.#11, Pg.34	Date Issued: Sep.20,1965	Date Orig. Entry: Aug.15,1936
	Date of Birth: Age: 24	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

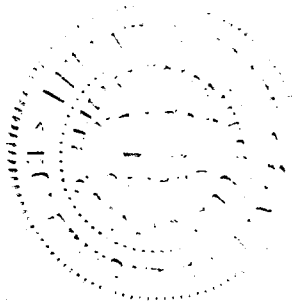
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 17,1973

FORM BH 56067

9-18-73

OCT 1 8 1973



313-230-025-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-644

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cecilia Gertrude Tacke		2. Date Of Birth (month) 6 (day) 30 (year) 1912
	3. Color or Race: Wh.	4. Sex: F.	5. Place of Birth: Idaho a. County: Idaho b. City or Town of Birth: Cotton Wood
FATHER	6. Full Name of Father: Anton Tacke		7. State or Country of Father's Birth: South Dakota
MOTHER	8. Full Maiden Name of Mother: Cecilia Wiesmann		9. State or Country of Mother's Birth: Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gertrude Baune	11. Present Address of Registrant: Sun River, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 10 1973	12. Signature of Notary: Caecilia Martin	13. Notary Commission expires: Mother 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of voting registration-#2700	By whom issued and signed: Chouteau County, Montana	Date issued: June 20,1973	Date Orig. Entry: Jan. 22,1938
	Date of Birth: June 30,1912 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: St.Mary's Church,Cottonwood,ID Robert L. Smith,Pastor	Date issued: July 7,1973	Date Orig. Entry: baptized July 6,1912
	Date of Birth: June 30,1912 / Birth Place: Cottonwood,Idaho	Full Name of Mother: Cecilia Wiseman	Name of Father: Anton Tacke	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license & Certificate #2897	By whom issued and signed: Chouteau County, Montana	Date issued: June 20,1973	Date Orig. Entry: Sept.14,1934
	Date of Birth: Age: 22 / Birth Place: Cottonwood,Idaho	Full Name of Mother: Ceceilia Wiseman	Name of Father: Antone Tacke	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	November 6,1973

FORM BH 56067 1 Cp Pd Rec. # 06763 1-8-73

NOV 7 1973

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366-217-022-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-653

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Reva Alla Loosli		2. Date Of Birth (month) August (day) 17 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Ashton, Idaho
FATHER	6. Full Name of Father: Joseph Frank Loosli		7. State or Country of Father's Birth: Utah,
MOTHER	8. Full Maiden Name of Mother: Minnie E. Cunningham		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Reva A. Loosli Jordan	11. Present Address of Registrant: 2711 S.E. 50th AVE. PORTLAND, OREGON 97206
NOTARY (Seal)	Subscribed and sworn to before me on: OCT. 22 19 73	12. Signature of Notary: Verga E. Masoner	13. Notary Commission expires: JULY 26 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #156774	Date Issued: ---	Date Orig. Entry: child born Nov.20,1927
	Date of Birth: AGE: 15	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Minnie L. Cunningham Loosli	Date Issued: Oct.22,1973	Date Orig. Entry: ---
	Date of Birth: Aug.17,1912	Birth Place: Ashton, Idaho	Full Name of Mother: Minnie L. Cunningham	Name of Father: Joseph Frank Loosli	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Portland 1st Ward, Joseph Wardell, Clerk	Date Issued: ---	Date Orig. Entry: baptized Sep.4,1920
	Date of Birth: Aug.17,1912	Birth Place: Ashton, Idaho	Full Name of Mother: Minnie L. Cunningham	Name of Father: Joseph L. Loosli	
QUALIFYING INFORMATION					

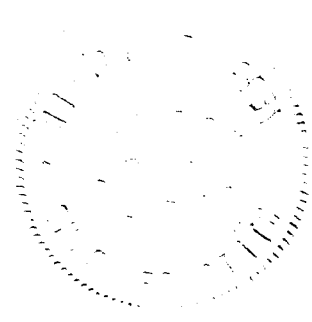
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	November 9,1973

FORM BH 56067

NOV 1 3 1973



384-21-025-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-671

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Lee Lyda			2. Date of Birth (month) October (day) 21 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Joseph
FATHER	6. Full Name of Father: James Marion Lyda			7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Louisa Harless			9. State or Country of Mother's Birth: Oklahoma
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Lee Lyda		11. Present Address of Registrant: 1295 ~~Elm~~ Street Clarkston, Washington 99403
NOTARY (Seal)	Subscribed and sworn to before me on ~~November~~ June 8, 1973 19~~56~~	12. Signature of Notary: Irene A. Corbett		13. Notary Commission expires ~~May 4, 1974~~ 19~~57~~

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #519-05-7562	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Aug.28,1937
	Date of Birth: Oct.21,1912 / Birth Place: Joseph, Idaho Idaho County	Full Name of Mother: Louisa Harliss	Name of Father: James Marion Lyda	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt who was present at time of birth	By whom issued and signed: Leta Wright Age:76	Date Issued: Oct.23,1973	Date Orig. Entry: ---
	Date of Birth: Oct.21,1912 / Birth Place: Joseph, Idaho Idaho County	Full Name of Mother: Louisa Harless Lyda	Name of Father: James Marion Lyda	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Mutual Life Ins. Co. of New York	Date Issued: ---	Date Orig. Entry: Oct.14,1963
	Date of Birth: Oct.21,1912 / Birth Place: Joseph, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	NOV 20 1973

FORM BH 56067

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NOV 21 1973

691-218-022-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-681

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Delphia Frandson
2. Date Of Birth: (month) March (day) 18 (year) 1912
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Thornton

FATHER

6. Full Name of Father: Carl Christian Frandson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Edith Arnold
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Delphia F. Holdaway
11. Present Address of Registrant: R.D. Box 733 Payson, Utah

NOTARY (Seal)

Subscribed and sworn to before me on October 2 1971

12. Signature of Notary: Kenneth R. Olsen
13. Notary Commission expires: November 27 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of blessing	LDS Church, Lyman Ward, B.F. Zimmerman, Clerk	----	blessed May 5, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 18, 1912	Lyman, Idaho Fremont County	Edth Arnold	Carl C. (Frandson)

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person present at time of birth	Emma Smith Age:83	Oct. 31, 1973	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 18, 1912	Thornton, Idaho	Edith Arnold	Carl C. Fransen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of application for license to marry #7254	Utah County, Utah	Oct. 26, 1973	June 15, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 18, 1912	Thornton, Idaho	Edith Arnold	Carl C. Fransen

QUALIFYING INFORMATION

*Lyman is listed as Mail Thornton.

REGISTRAR'S CERTIFICATION (seal)

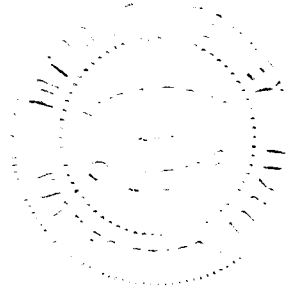
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	NOV 29 1973

FORM BH 56067

8-31-73 ✓

NOV 3 0 1973



799-111-028-618

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-682

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Russell Girton
2. Date Of Birth (month) (day) (year): January 11 1912
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Dalton Gardens

FATHER

6. Full Name of Father: Charles Bickett Girton
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Edith Grace Warner
9. State or Country of Mother's Birth: Vermont

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles R. Girton
11. Present Address of Registrant: Box 686 Gallup, New Mex.

NOTARY (Seal)

Subscribed and sworn to before me on October 9th, 19 57

12. Signature of Notary Public for Oregon: S. K. Sanders
13. Notary Commission expires: October 6th, 19 60.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Charles B. Girton	10-9-57	Same

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1-11-12	(Coredlane, Id.-P.O.) Dalton Gardens	Edith Grace Girton	Charles B. Girton

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Pendleton OR. Int. Education Dist L. K. Stanhope, Sup.	9-19-68	11-25-20

Date of Birth	Birth Place	Full Name of Mother	Name of Father
AGE: 8	----	----	Charles Girton

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of insurance application	Provident Life Insurance Co.	---	Mar. 26, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 11, 1912	Dalton Gardens, Idaho	---	---

QUALIFYING INFORMATION

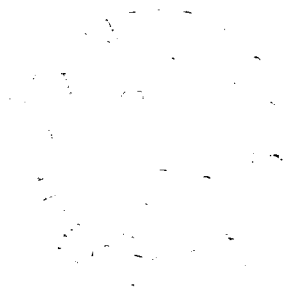
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	gml Glenda Larson	NOV 29 1973

FORM BH 56067

NOV 30 1973



389-21-0071-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-691

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ivy Christensen
2. Date Of Birth (month) JANUARY (day) 11, (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: ~~Idaho~~ Franklin
b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: Hyrum Wilford Christensen
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lola Mary Jensen
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ivy Chandler
11. Present Address of Registrant: Route 1 Wendell, Idaho 83355

NOTARY (Seal)

Subscribed and sworn to before me on ~~November 19, 1973~~ 19___

12. Signature of Notary: Jane M. Tolman
13. Notary Commission expires: 10/10/74 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of application for license to marry #4018	By whom issued and signed: Box Elder County, Utah		Date Issued: Nov.6,1973	Date Orig. Entry: May 19,1931
	Date of Birth: Jan.11,1912	Birth Place: Preston, Idaho	Full Name of Mother: Loa Jensen	Name of Father: Hyrum Christensen	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #217039		Date Issued: ---	Date Orig. Entry: child born Nov.26,1933
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of school census record	By whom issued and signed: Gooding County, Idaho		Date Issued: Oct.30,1973	Date Orig. Entry: not stated but approx. 1926*
	Date of Birth: Jan.11,1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: H. Christensen	

QUALIFYING INFORMATION

*Age is listed as 14 on this record.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	December 4,1973

FORM BH 56067

DEC 4 1973

141-204-030-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-702

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LOIS ELINOR ADAMS			2. Date of Birth (month) JULY (day) 4 (year) 1912
	3. Color or Race: WHITE	4. Sex: FE.	5. Place of Birth a. County: LEMHI	b. City or Town of Birth: 6 MILES SOUTH OF LEADORE
FATHER	6. Full Name of Father: J. FOSTER ADAMS			7. State or Country of Father's Birth: WISCONSIN
MOTHER	8. Full Maiden Name of Mother: GRACE L. HAMMOND			9. State or Country of Mother's Birth: SOUTH DAKOTA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lois Elinor Adams Yates	11. Present Address of Registrant: 3918 Leona St. San Mateo Ca.
NOTARY (Seal) AUDREY M. HIBL NOTARY PUBLIC — CALIFORNIA PRINCIPAL OFFICE IN SAN MATEO COUNTY My Commission Expires February 4, 1977	Subscribed and sworn to before me on October 9th 1973		12. Signature of Notary: Audrey M. Hibl	13. Notary Commission expires: Feb. 4 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital certificateof own child's birth		By whom issued and signed: Franklin Hospital,San Francisco, Calif.,Lloyd Wilson,M.D.	Date Issued: --	Date Orig. Entry: child born Mar.20,1936
	Date of Birth: July 4,1912	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of affidavit by father		By whom issued and signed: J. Foster Adams/Audrey M. Hibl(Notary-San Mateo,CA)	Date Issued: orig.dated Aug.17,1956	Date Orig. Entry: ---
	Date of Birth: July 4,1912	Birth Place: ranch 6 mi. so of Leadore,Lemhi Co,ID	Full Name of Mother: ---	Name of Father: J. Foster Adams	
SUPPORTING RECORD 3.	Type of Document: photocopy of marriage license		By whom issued and signed: San Francisco, California	Date Issued: ---	Date Orig. Entry: Sept.1,1931
	Date of Birth: Age: 19	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION: photocopy of affidavit by mother,Grace L.Batas/Audrey M.Hibl,Notary, original signed Sept.17,1973 gives birthdate as July 4,1912 at Leadore, Lemhi County, Idaho.

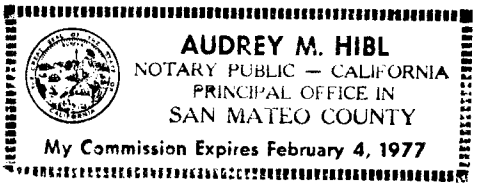
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	DEC 6 1973

FORM BH 56067

DEC 7 1973


AUDREY M. HIBL
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SAN MATEO COUNTY
My Commission Expires February 4, 1977

364-224-007-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-714

OFFICIAL SEAL
JANET B. WHEELER
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
My Commission Expires Jan. 23, 1977

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: NORMA LUCINDA COMSTOCK		2. Date Of Birth (month) January (day) 24 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: GIMLET, BLAINE CO. b. City or Town of Birth: GIMLET
FATHER	6. Full Name of Father: CHARLIE ABNER COMSTOCK		7. State or Country of Father's Birth: NEW YORK
MOTHER	8. Full Maiden Name of Mother: EMMA LUCINDA TOMELSON		9. State or Country of Mother's Birth: WASHINGTON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma C. Nichols	11. Present Address of Registrant: 1224 E. Chestnut St. Anaheim Ca.
NOTARY (seal)	Subscribed and sworn to before me on: October 22 19 73	12. Signature of Notary: Janet B. Wheeler	13. Notary Commission expires: January 23 19 77

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of page from family Bible	By whom issued and signed: Family Records in Bible	Date issued: Aug.28,1942	Date Orig. Entry: obviously old
	Date of Birth: Jan.24,1912 / Birth Place: Gimlet, Idaho	Full Name of Mother (nee Tomelson): Emma Lucinda Comstock	Name of Father: Charlie Abner Comstock	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Emma L. Comstock	Date issued: Oct.22,1973	Date Orig. Entry: ---
	Date of Birth: Jan.24,1912 / Birth Place: Blaine County Gimlet, Idaho	Full Name of Mother: Emma Lucinda Tomelson	Name of Father: Charlie Abner Comstock	
SUPPORTING RECORD 3.	Type of Document: photocopy of page of insurance policy #17943590	By whom issued and signed: The National Life & Accident Insurance Co. of Nashville, TN	Date issued: ---	Date Orig. Entry: Feb.20,1939
	Date of Birth: Age next b.d. 28 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	DEC 7 1973

FORM BH 56067

DEC 7 1973

693-226-036-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-729

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ERMA LEORA WILDE
2. Date Of Birth: (month) June (day) 26 (year) 1912
3. Color or Race: Caucasian
4. Sex: F
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Mink Creek

FATHER

6. Full Name of Father: WALLACE WILDE
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: CARRIE CHRISTINE NELSON
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Erma W. Dewey
11. Present Address of Registrant: 2651 W. Lincoln Ave Anaheim, Calif

NOTARY (Seal)

attached

Subscribed and sworn to before me on October 29, 1973

12. Signature of Notary: Mabel R. Macdonald
13. Notary Commission expires: June 9, 1975

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of blessing	LDS Church, Mink Creek, ID, Arthur Schnieder, Clerk	---	blessed Aug. 4, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 26, 1912	Mink Creek, Idaho Oneida County	Carrie Nelson	Wallace Wilde

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of baptism and confirmation	LDS Church, Dahlin Ward, L. Albin Erickson, Clerk	---	baptized July 11, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 26, 1912	Mink Creek, Idaho Oneida County	Carrie Nelson	Wallace Wilde

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of own child's birth certificate 49-292633	State of Utah	----	child born Oct. 27, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
AGE: 37	Mink Creek, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	GML Glenda Larson	Dec. 12, 1973

FORM BH 56067

DEC 13 1973

STATE OF CALIFORNIA
COUNTY OF Orange } ss.

On October 29, 1973, before me, the undersigned, a Notary Public in and for said State, personally appeared Erma W. Dewey

known to me to be the person whose name

subscribed to the within instrument and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

Signature Mabel R. MacDonald

Mabel R. MacDonald
Name (Typed or Printed)

MABEL R. MacDONALD
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
ORANGE, COUNTY
My Commission Expires June 9, 1975

(This area for official notarial seal)

Form 3001—(Individual)

5-52-119-026-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-737

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PARLEY LAWRENCE NEBEL			2. Date Of Birth (month) Sept (day) 19 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Rigby Idaho Jefferson	b. City or Town of Birth: Rigby Jefferson County	
FATHER	6. Full Name of Father: John Nebel			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Elizibeth Alvira Bassett			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Parley L Nebel	11. Present Address of Registrant: Route 6 Nampa Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 3 1973		12. Signature of Notary: "Sue" Nora Lowe	13. Notary Commission expires: Sept. 18 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Childs birth certificate		By whom issued and signed: State of Idaho File#281095	Date Issued: --------	Date Orig. Entry: Child born May 25,1939
	Date of Birth: Age 26 yrs	Birth Place: Rigby, Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church - Nampa, Idaho	Date Issued: -----	Date Orig. Entry: Baptized Feb.4,1922
	Date of Birth: Sept.19,1912	Birth Place: Rigby, Idaho	Full Name of Mother: Elizabeth Bassett	Name of Father: John Nebel	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #63758-J		By whom issued and signed: Gem State Mutual Life Assoc. Inc., Pocatello, Idaho	Date Issued: transfer 5/17/68	Date Orig. Entry: Jan.17,1946
	Date of Birth: Sep.19,1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Glenda Larson	DEC 13 1973

FORM BH 56067

DEC 1 4 1973
OCT 2 1 1975

356-113-018-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-016

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard Ellsworth Leonard			2. Date Of Birth (month) March (day) 13 (year) 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon Creek Clearwater	b. City or Town of Birth	
FATHER	6. Full Name of Father: Harvey Abraham Leonard			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Jessie Geraldine Mullikin			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Richard Ellsworth Leonard	11. Present Address of Registrant: Rt. 1 Orofino, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 20, 1973		12. Signature of Notary: Doyle Hayden Clerk of District Court	13. Notary Commission expires: ---- 19___	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Jesse Geraldine Leonard	Date Issued: Dec.22,1972	Date Orig. Entry: ----
	Date of Birth: Mar.13,1912	Birth Place: near Upper Canyon Creek,Clearwater Co.,Idaho	Full Name of Mother: Jesse Geraldine Leonard	Name of Father: Harvey Abraham Leonard	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: State of Idaho File # 303749	Date Issued: -----	Date Orig. Entry: Child born Nov.22,1940
	Date of Birth: Age 28 yrs	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Statement regarding Family Records		By whom issued and signed: Mullikin Family Rec.Book	Date Issued: Dec.27,1973	Date Orig. Entry: original obviously old
	Date of Birth: March 13,1912	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml sl Florence Curtright	Jan. 15,1974

FORM BH 56067

JAN 15 1974

710 -17L

365-223-007-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-017

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vernice Loveland Condie
2. Date Of Birth (month) (day) (year): March 23, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Blaine; b. City or Town of Birth: Carey

FATHER

6. Full Name of Father: Joseph William Condie
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Chloie Loveland
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vernice Loveland Condie Iverson
11. Present Address of Registrant: Box 523, Gooding Idaho 83330

NOTARY (Seal)

Subscribed and sworn to before me on: January 14 19 74

12. Signature of Notary: [signature]
13. Notary Commission expires: April 1 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Carey, Blaine Ward, S.Richards, Clerk	Apr.14,1912	blessed Apr.7,1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.23,1912	Carey, Idaho Blaine County	Chloe Loveland	Jos. Wm. Condie

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Joseph William Condie	June 25,1956	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.23,1912	Carey, Idaho	Chloie Loveland Condie	Joseph William Condie

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school census records-Dist.#2	Gooding County Recorder's Office, Idaho, Vera Wright, Dep.	Feb.5,1960	Oct.2,1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.23,1912	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	gml Glenda Larson	JAN 16 1974

FORM BH 56067 NM

1-10-74 gml

JAN 1 6 1974

819-215-028-634

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-022

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vaye Grace Hart			2. Date Of Birth (month) (day) (year): February 15, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Post Falls
FATHER	6. Full Name of Father: Hubert Hart			7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Lola May Olmstead			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vaye G. Kirkpatrick		11. Present Address of Registrant: 219 W. Mullan Ave Kellogg Idaho 83837
NOTARY (Seal)	Subscribed and sworn to before me on: November 13 1973	12. Signature of Notary: [signature]		13. Notary Commission expires: 5-1 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital record		By whom issued and signed: Wardner Hospital, Kellogg, Idaho - #50429	Date issued: ----	Date Orig. Entry: Aug.12,1957
	Date of Birth: Feb.15,1912	Birth Place: Idaho	Full Name of Mother: Lola Gilliland (nee Olmstead)	Name of Father: Hubert Hart	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record		By whom issued and signed: University of Idaho	Date issued: ----	Date Orig. Entry: June 14,1937
	Date of Birth: Feb.15,1912	Birth Place: Post Falls, Idaho	Full Name of Mother: Lola (Olmstead) Miller	Name of Father: Hubert Hart	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital certificate of own child's birth		By whom issued and signed: Wardner Hospital, Kellogg, Idaho; Doris Kempfer, R.N., Supt.	Date issued: ---	Date Orig. Entry: child born Feb.15,1941
	Date of Birth: Feb.15,1912	Birth Place: Post Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: JAN 18 1974

FORM BH 56067

JAN 1 8 1974

Kirkpatrick (Ann Hart)

DECEASED

766-103-014-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-025

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Scott Goodale			2. Date Of Birth (month) May (day) 3 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nampa at home Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Edward Cliff Goodale			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Martha Waigand			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wm S Goodale		11. Present Address of Registrant: 13590 McKenzie Hwy. Springfield Oregon
NOTARY (Seal)	Subscribed and sworn to before me on 13th January 1973	12. Signature of Notary: Norma Brown		13. Notary Commission expires: Jan 7 1976

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of affidavit for marriage License	By whom issued and signed: Washoe County, Nevada		Date Issued: May 21,1971	Date Orig. Entry: Nov.2,1936
	Date of Birth: Age: 24	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #565 01 5492	By whom issued and signed: Social Security Adm.		Date Issued: ----	Date Orig. Entry: Jan.8,1937
	Date of Birth: May 3,1912	Birth Place: Nampa, Idaho	Full Name of Mother: Martha Waigand	Name of Father: Edward Cliff Goodale	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Martha Goodale		Date Issued: June 16,1971	Date Orig. Entry: ---
	Date of Birth: May 3,1912	Birth Place: Nampa, Canyon County, Idaho	Full Name of Mother: Martha Goodale	Name of Father: Edward Cliff Goodale	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: JAN 22 1974

FORM BH 56067

JAN 22 1974

DEC 30 1999

DECEASED

867-218-093-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-030

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vinnie Hopkins
2. Date of Birth (month) Sept. (day) 18, (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Perry

FATHER

6. Full Name of Father: Charles Monroe Hopkins
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Louie Elmina Wilde
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Vinnie Hopkins
11. Present Address of Registrant: 17 No Garden Boise Ida

NOTARY (Seal)

Subscribed and sworn to before me on June 15 1973
12. Signature of Notary: Florence Cartright
13. Notary Commission expires 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism
By whom issued and signed: LDS Church
Date Issued: ----
Date Orig. Entry: Baptized June 4, 1922
Date of Birth: Sept 18, 1912
Birth Place: Perry, Idaho
Full Name of Mother: Louie Wilde
Name of Father: Chales M. Hopkins

SUPPORTING RECORD 2.

Type of Document: Own childs birth certificate
By whom issued and signed: State of Idaho File #55-165
Date Issued: ------
Date Orig. Entry: Child Born Jan. 31, 1955
Date of Birth: Age 42 yrs
Birth Place: Perry, Idaho
Full Name of Mother: ------
Name of Father: --------

SUPPORTING RECORD 3.

Type of Document: Statement regarding hospital records
By whom issued and signed: St. Luke's Hospital, Boise, ID Norma Stafford, clerk
Date Issued: Jan. 10, 1974
Date Orig. Entry: Mar. 23, 1964
Date of Birth: Sep. 18, 1912
Birth Place: Idaho
Full Name of Mother: ----
Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson sl
Date Filed: JAN 23 1974

FORM BH 56067 rev.

JAN 23 1974
JUN 20 2003

553-125-014-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-035

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RUSE VERNON NELSON
2. Date of Birth (month) (day) (year): MAY 25 1912
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County:
b. City or Town of Birth: NAMPA, IDAHO

FATHER

6. Full Name of Father: CLARK VERNON NELSON
7. State or Country of Father's Birth: IOWA

MOTHER

8. Full Maiden Name of Mother: BERTHA GENE RUSE
9. State or Country of Mother's Birth: NEVADA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Ruse Vernon Nelson
11. Present Address of Registrant: Canyon City, Ore

NOTARY (Seal)

Subscribed and sworn to before me on July 16 1973

12. Signature of Notary: John Lovera, County Clerk
13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of own child's birth certificate	State of Oregon	----	child born Aug. 3, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 37	Nampa, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baby Book	Family Records	----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 25, 1912	----	Mrs. Vern Nelson	Mr. Vern Nelson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt Age: 75	Fern Blanchard	Dec. 14, 1973	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 25, 1912	Nampa, Idaho Canyon County	Bertha Gene Ruse Nelson	Clark Vernon Nelson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	January 25, 1974

FORM BH 56067

JAN 31 1974

219-113-021-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-037

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Forest Wendell Barger		2. Date Of Birth (month) Sept. (day) 13 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Treasureton Franklin; b. City or Town of Birth: Treasureton
FATHER	6. Full Name of Father: Thomas Jefferson Barger		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Pearl Nelson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Forest Wendell Barger	11. Present Address of Registrant: Preston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 23, 1974	12. Signature of Notary: Michael D. Kuo	13. Notary Commission expires: April 1, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #57-2532	Date Issued: ----	Date Orig. Entry: child born Mar.4,1957
	Date of Birth: Age: 44	Birth Place: Treasureton, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Treasureton Ward, Wm.C.Field, Clerk	Date Issued: Dec.1,1912	Date Orig. Entry: blessed Dec.1,1912
	Date of Birth: Sep.13,1912	Birth Place: Treasureton, Idaho * Bannock County	Full Name of Mother: Pearl Nelson	Name of Father: T. J. Barger
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination as a Teacher	By whom issued and signed: Treasureton Ward, LDS Church, Earl Shumway, Clerk	Date Issued: Feb.25,1929	Date Orig. Entry: ordained Feb.24,1929
	Date of Birth: Sep.13,1912	Birth Place: Treasureton, Idaho Franklin County	Full Name of Mother: Pearl Nelson	Name of Father: Thos. J. Barger

QUALIFYING INFORMATION: *part of Bannock County was annexed to Franklin County in 1917 (or 1918).

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	JAN 28 1974

FORM BH 56067

JAN 28 1974

454-214-033-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-043

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edith Viola DeMott
2. Date Of Birth: May 14 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Madison; b. City or Town of Birth: Burton, Idaho

FATHER

6. Full Name of Father: Orson Burgen DeMott
7. State or Country of Father's Birth: Portage County Ohio

MOTHER

8. Full Maiden Name of Mother: Eliza Newell Rowberry
9. State or Country of Mother's Birth: Tooele County, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Edith Viola Jensen
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on Jan 10th 1962

12. Signature of Notary:
13. Notary Commission expires: July 31 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	Idaho, File No. 297119	---	Born July 21, 1940
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 28 / Burton, Idaho	---	---	
SUPPORTING RECORD 2.	Certificate of Baptism & Confirmation	Leonar Eriensen, Clerk L.D.S. CHURCH	Sept. 1, 1922	Baptized Sept. 1, 1922
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 14, 1922 / Burton, Idaho	Eliza Roberry	Orson B. DeMott	
SUPPORTING RECORD 3.	Certified copy of school census marshal's report	Madison County Clerk's Office, Idaho	Feb. 1, 1974	Sept. 1924
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 14, 1912 / ---	Eliza DeMott	Orson D. DeMott	

QUALIFYING INFORMATION

Photocopy of microfilm records of LDS Church, Record of Children Blessed #226, Edith Demott born to Orson and Eliza Rowberry (Demott) on May 14, 1912 in Burton, Idaho-- blessed on December 19, 1912.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sm Glenda Larson	FEB 2 1974

K

FORM BH 56067 1-4-62

JUL 7 1976

FEB 4 1974

893-114-041-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-055

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Ernest Hill			2. Date Of Birth (month) (day) (year): March 14 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Tetonia Idaho Teton county	b. City or Town of Birth: Teton County Tetonia Idaho	
FATHER	6. Full Name of Father: William J Hill			7. State or Country of Father's Birth: Idaho Salem Sugarcity Idaho	
MOTHER	8. Full Maiden Name of Mother: Rosie Emelia Rudolph Hill			9. State or Country of Mother's Birth: Scotia, Greeley, Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl E Hill		11. Present Address of Registrant: Rt Box 36M mountain Col	
NOTARY (Seal)	Subscribed and sworn to before me on: January 14, 1974	12. Signature of Notary: Marcia E. Raiha		13. Notary Commission expires: March 1, 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Rosie E. Hill & William J. Hill	Date Issued: Feb.2,1954	Date Orig. Entry: ---
	Date of Birth: Mar.14,1912 / Birth Place: Teton County Tetonia, Idaho	Full Name of Mother: Rosie E. Hill	Name of Father: William J. Hill	
SUPPORTING RECORD 2.	Type of Document: Personnel Security Questionnaire U.S. Atomic Energy Comm.	By whom issued and signed: Lost Rivers Transportation Co.,Contract Carrier U.S. AEC	Date Issued: Mar.23, 1953	Date Orig. Entry: Mar.23,1953
	Date of Birth: Mar.14,1912 / Birth Place: Tetonia, Idaho Teton County U.S.A.	Full Name of Mother: Rose Rudolph Hill	Name of Father: William James Hill	
SUPPORTING RECORD 3.	Type of Document: Statement of Account for retirement income plan	By whom issued and signed: Phillips Petroleum & Subsidiary & Affiliated Companies	Date Issued: ---	Date Orig. Entry: Aug.31,1959
	Date of Birth: Mar.14,1912 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

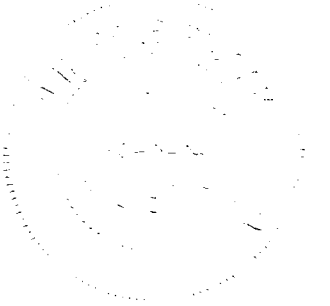
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	FEB 7 1974

FORM BH 56067

1 CP Pd Rec # 30301

1-9-74

FEB 7 1974



141-114-016-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-083

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERNON S ADAMS		2. Date Of Birth (month) 8 (day) 14 (year) 12
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: CASSIA; * b. City or Town of Birth: MARSFIELD (DECLO)
FATHER	6. Full Name of Father: JOSEPH S. ADAMS		7. State or Country of Father's Birth: AMERICAN FORK UTAH
MOTHER	8. Full Maiden Name of Mother: JANE RUSHTON		9. State or Country of Mother's Birth: AMERICAN FORK UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vernon S. Adams	11. Present Address of Registrant: 482 NORTH 3 EAST AMERICAN FORK UTAH
NOTARY (Seal)	Subscribed and sworn to before me on: 10 July 1973	12. Signature of Notary: D. Preston Rayley	13. Notary Commission expires: 12/1 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother AGE:73	By whom issued and signed: Horace Lester Adams	Date issued: Jan.28,1974	Date Orig. Entry: ---
	Date of Birth: Aug.14,1912	Birth Place: Declo, Cassia County, Idaho (formerly known as Marshfield)	Full Name of Mother: Jane Rushton	Name of Father: Joseph S. Adams
SUPPORTING RECORD 2.	Type of Document: photocopy of church membership record LDS Church	By whom issued and signed: Wayne R. Jones, Ward Clerk American Fork 15th Ward, Utah	Date issued: Aug.20,1973	Date Orig. Entry: baptized Oct.23,1938
	Date of Birth: Aug.14,1912	Birth Place: Declo, Idaho U.S.A.	Full Name of Mother: Jane Rushton	Name of Father: Joseph S. Adams
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for license to marry #12231	By whom issued and signed: Utah County, Utah	Date issued: Aug,20,1973	Date Orig. Entry: Dec.21,1945
	Date of Birth: Aug.14,1912	Birth Place: Declo, Idaho	Full Name of Mother: Jane Rushton	Name of Father: Joseph S. Adams

QUALIFYING INFORMATION

*Declo was formerly called Marshfield-"The Idaho Encyclopedia" published 1938 by Caxton Printers, LTD. Caldwell, Idaho (page369)

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	FEB 25 1974

FORM BH 56067

ICR pd rec # 17358

7-3-73

FEB 25 1974

652-115-006-485

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-131

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward. Milo Webb. JR		2. Date Of Birth (month) Feb. (day) 15 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Firth
FATHER	6. Full Name of Father: Edward. M Webb		7. State or Country of Father's Birth: Orderville Utah
MOTHER	8. Full Maiden Name of Mother: Mary Dye.		9. State or Country of Mother's Birth: Riverdale Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward Milo Webb Jr.	11. Present Address of Registrant: Pingree Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 23 1974	12. Signature of Notary: John W Chaffee	13. Notary Commission expires: June 13 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 76 yrs	By whom issued and signed: Daphne Webb Jemmett	Date Issued: Feb.23,1974	Date Orig. Entry: --------
	Date of Birth: Feb.15,1912; Birth Place: Firth, Idaho	Full Name of Mother: Mary Dye Webb	Name of Father: Edward M. Webb, Sr.	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage License Affidavit	By whom issued and signed: Grace Williams -Bingham County Recorder	Date Issued: Feb.22,1974	Date Orig. Entry: April 28,1937
	Date of Birth: Age 25 yrs; Birth Place: Firth, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # NM75981	By whom issued and signed: Oregon Mutual Life Ins. Co. C. F. Adams-President	Date Issued: Nov.27,1937	Date Orig. Entry: -------
	Date of Birth: Feb.15,1912; Birth Place: Firth, Idaho	Full Name of Mother: --------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

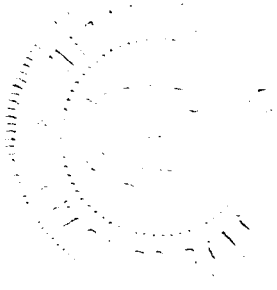
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	Mar. 19, 1974

FORM BH 56067 1 Cp & 1 Cert Fd Rec. # 11457 4-18-73

Wed

MAR 21 1974



443-109-014-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-141

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lloyd Milton Mullinix
2. Date Of Birth (month) (day) (year): March 29 1912
3. Color or Race: Caucasion
4. Sex: M
5. Place of Birth a. County: Caldwell, Idaho
b. City or Town of Birth: Caldwell, Idaho

FATHER

6. Full Name of Father: Jesse Macdonald Mullinix
7. State or Country of Father's Birth: Nevada

MOTHER

8. Full Maiden Name of Mother: Amelia Elizabeth Tregaskis
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lloyd Milton Mullinix
11. Present Address of Registrant: 6162 Keith Dr. Richmond, Calif.

NOTARY (Seal)

OFFICIAL SEAL
MARY K. MATSUMOTO
NOTARY PUBLIC-CALIFORNIA
ALAMEDA COUNTY
My Commission Expires Jan. 4, 1977

Subscribed and sworn to before me on: March 12 1974

12. Signature of Notary: Mary K. Matsumoto
Mary K. Matsumoto

13. Notary Commission expires: January 4 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of insurance policy #1 122 215	Washington National Ins. Co.	Mar.27,1966	Mar.28,1966
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Mar.29,1912 Caldwell, Idaho	----	----	
SUPPORTING RECORD 2.	Statement regarding Marriage Record-pg.176,Vol.60	V.James Jeffery,Rector,Trinity Parish Episcopal, Reno,NV	Mar.15,1974	July 31,1940
	Age: 28 / ---	Amelia (Tergaska)Mullinix	Jess M. Mullinix	
SUPPORTING RECORD 3.	photocopy of application for membership	B.P.O.E.- Victor Wilds, Jr.	---	Feb.22,1960
	Mar.29,1912 Caldwell, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Glenda Larson	MAR 26 1974

FORM BH 56067

Rec'd Pd Rec. 02191

3-4-74

MAR 2 6 1974

DELAYED

Dup of 1911-3168163

141-221-003-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-164

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Selma Caroline Adams
2. Date Of Birth: (month) Sept. (day) 21 (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Grace, Ida.

FATHER

6. Full Name of Father: Elias Andrew Adams
7. State or Country of Father's Birth: Layton, Utah Davis Co.

MOTHER

8. Full Maiden Name of Mother: Annie Laura Green
9. State or Country of Mother's Birth: Layton, Utah Davis Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Selma C. Hubbard
11. Present Address of Registrant: Grace, Idaho 83241 R.7 D. 13 of 230

NOTARY (Seal)

Subscribed and sworn to before me on: March 13 19 74

12. Signature of Notary: Arlene Wilker
13. Notary Commission expires: February 9 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding church records	Grant Mathews, Bishop/ Arline Wilker, Notary, Grace	Mar.13,1974	blessed May 4,1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.21,1912	Grace, Idaho Bannock County	Annie Laura Green	Elias Andrew Adams

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #402860		

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 32	Grace, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend of family at time of birth	Nellie V. Johnson Age:74	Mar.13,1974	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.21,1912	Grace, Idaho	Annie Laura Green Adams	Elias Andrew Adams

QUALIFYING INFORMATION

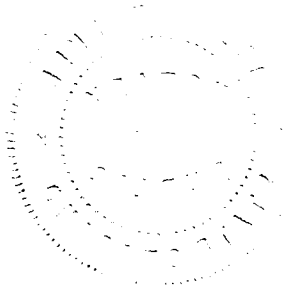
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	APR 3 1974

FORM BH 56067

APR 5 1974



294-201-028-639

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-167

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jessie Irene Kidwell
2. Date Of Birth (month) (day) (year): July 1, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Lake Creek

FATHER

6. Full Name of Father: Alva Jay Kidwell
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Abigail Rosamond Olinger
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Jessie Thomas
11. Present Address of Registrant: Box 586 Pinehurst Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 27, 19 74
12. Signature of Notary: Gary W. Moody
13. Notary Commission expires: October 1, 19 76

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt	Grace F. Neville (bd. 1894)	Oct.18,1968	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 1,1912	Lake Creek, Idaho Kootenai County	Abigail Rosamond Olinger	Alva Jay Kidwell

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record Rockford township, Spokane Co.	U. S. Department of Commerce Bureau of the Census	Feb.25,1974	Apr.1,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 17	Idaho	Abbie Kidwell	Jay Kidwell

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #2-1-30568	Beneficial Protective Assoc., Pocatello, Idaho	May 1,1951	Apr.20,1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 1,1912	Idaho	---	---

QUALIFYING INFORMATION

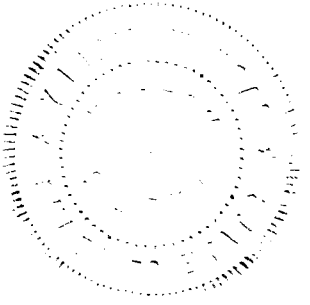
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	APR 8 1974

FORM BH 56067

APR 1 0 1974



265-231-034-638

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-170

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucinda Mahala Sweet
2. Date Of Birth (month) May (day) 31 (year) 1912
3. Color or Race: Caucasion
4. Sex: Female
5. Place of Birth a. County: Pioneer, Minidoka
b. City or Town of Birth: Pioneer or Rupert, Idaho

FATHER

6. Full Name of Father: Isaac Uriah Sweet
7. State or Country of Father's Birth: Cook County; Chicago, Illi.

MOTHER

8. Full Maiden Name of Mother: Viola Ruth Flynn
9. State or Country of Mother's Birth: Boulder County; Boulder, Colo.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucy M Fairchild
11. Present Address of Registrant: Klamath Falls, Oregon 2841 Patterson

NOTARY (Seal)

Subscribed and sworn to before me on March 25 19 74

12. Signature of Notary: Susan Meeker
13. Notary Commission expires: 3-8 19 75

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Duplicate Certificate of Baptism and Confirmation	LDS Church, Klamath Falls 3rd Ward, Donald Younker, Elder	Nov. 19, 1973	baptized Sept. 1, 1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 31, 1912	Rupert, Idaho Minidoka County	Ruth Flynn	Isaac Sweet

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On File Idaho #389469	---	child born Mar. 1, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 31	Rupert, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend of family at time of birth	Clara Sweet Johnson Age: 73	Feb. 12, 1974	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 31, 1912	Pioneer (Rupert), Idaho	Viola Ruth Flynn	Isaac Uriah Sweet

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	APR 9 1974

FORM BH 56067

12-28-73 gm

APR 1 0 1974

SEP 1 2 1997

617-203-028-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-184

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Willetta Mary Wagner
2. Date Of Birth: (month) Oct (day) 3 (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho Kootenai
   b. City or Town of Birth: Coeur D'Alene

FATHER

6. Full Name of Father: George Leander Wagner
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Elizabeth Catherine Tierney
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Willetta D. Schleining
11. Present Address of Registrant: 2350 Douglas Rd. #5 Ferndale

NOTARY (Seal)

Subscribed and sworn to before me on: March 29 1974
12. Signature of Notary: Shelly Smith
13. Notary Commission expires: May 22 1977

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of own child's birth certificate #1164	State of Oregon, Vital Statistics Section	Feb.19,1974	child born Apr.11,1929
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 16 / Idaho	---	---	
SUPPORTING RECORD 2.	Duplicate Certificate of Baptism	Church of St. Thomas, Coeur d'Alene, Idaho, Rev. Collins	Dec.26,1950	baptized May 10,1913
	Oct.3,1912 / ------	Elizabeth Tierney	George Wagner	
SUPPORTING RECORD 3.	Insurance Policy #424 701 324	The Prudential Ins. Co. of America	Nov.23,1942	Oct.1,1942
	Oct.3,1912 / Coeur D'Alene, Idaho U.S.A.	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: APR 10 1974

FORM BH 56067

28727

3-26-74 gml

APR 11 1974

[illegible] (nee Wagner)

893-14-005-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-209

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CLAUDE DALE HILLHOUSE
2. Date Of Birth (month) (day) (year): December 14 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Benewah
b. City or Town of Birth: Saint Maries

FATHER

6. Full Name of Father: EDGAR COLUMBUS HILLHOUSE
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: EMMA DELL CLARK
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Claude Dale Hillhouse
11. Present Address of Registrant: 12303 SE Carlton Street Portland, Ore 97236

NOTARY (Seal)

Subscribed and sworn to before me on: February 26 19 74
12. Signature of Notary: Jean Wakefield
13. Notary Commission expires: 2-17 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #225921	---	child born Oct.11,1934
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.14,1912 / St. Maries,Idaho	---	----	
SUPPORTING RECORD 2.	Federal Census Record Spokane County, Washington	U.S. Department of Commerce Bureau of the Census	Mar.18,1974	Jan.1,1920
	Age: 7 / Idaho	Emma D. Hillhouse	Edgar C. Hillhouse	
SUPPORTING RECORD 3.	photocopies of pages from family Bible	Family Records in Bible	----	obviously old
	Dec.14,1912 / near St. Maries, Idaho	Emma Dell Clark	Edgar Columbus Hillhouse	

QUALIFYING INFORMATION

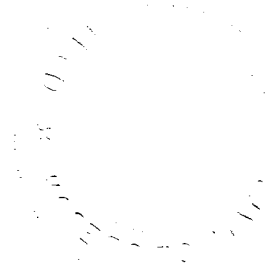
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: APR 23 1974

FORM BH 56067

APR 23 1974



384-224-033-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-210

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FLOSSIE ALTA LYMAN
2. Date Of Birth (month) (day) (year): SEPT. 24 1912
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: INDEPENDENCE MADISON
b. City or Town of Birth: INDEPENDENCE MADISON IDAHO

FATHER

6. Full Name of Father: ERIC AMBROSE LYMAN
7. State or Country of Father's Birth: HYRUM CACHE UTAH

MOTHER

8. Full Maiden Name of Mother: MARGARET MC CULLOCH
9. State or Country of Mother's Birth: BURTON MADISON IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Flossie Alta Lyman
11. Present Address of Registrant: 155 S 2 W REXBURG, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: March 27 19 74

12. Signature of Notary: Wilma A Dean
13. Notary Commission expires: 11-20 19 74

APPLICANT -- DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of certificate of membership - LDS Church	Robert L.Pedersen,Bp.& Reed W.Clements,W.Clk,Rexburg 5th	Mar.28,1974	blessed Apr.14,1913
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sep.24,1912 / Independence,Idaho Madison,County	Margaret McCulloch	Eric Ambrose Lyman	
SUPPORTING RECORD 2.	Own child's birth certificate	On file Idaho #229994	---	child born Jan.20,1935
	Age: 22 / Idaho	----	----	
SUPPORTING RECORD 3.	Insurance Policy #33 554 460	The Prudential Ins. Co. of America	Jan.24,1968	Sep.28,1965
	Age: 53 / ---	---	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: APR 23 1974

FORM BH 56067

APR 2 3 1974

315-224-043-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-216

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Adah Louise Cantrall		2. Date Of Birth (month) (day) (year): August 24 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Valley; b. City or Town of Birth: Smiths Ferry
FATHER	6. Full Name of Father: Stephen Lafe Cantrall		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Hackett		9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise Haldi	11. Present Address of Registrant: Wallace Idaho
NOTARY (Seal)	Subscribed and sworn to before me on FEB 19 1974 19	12. Signature of Notary: Mrs Charlotte Sanborne	13. Notary Commission expires 8-28 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother		By whom issued and signed: Dan F. Cantrall (Age:78)	Date issued: July 15,1971	Date Orig. Entry: ---
	Date of Birth: Aug.24,1912	Birth Place: Smiths Ferry, Idaho	Full Name of Mother: Mary Elizabeth Hackett	Name of Father: Stephen Lafe Cantrall	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Oregon Life Ins.CO. of PORTLAND, OR	Date issued: ---	Date Orig. Entry: June 12,1926
	Date of Birth: Aug.24,1912	Birth Place: Smiths Ferry, Idaho	Full Name of Mother: Mary Elizabeth (Cantrall)	Name of Father: Stephen La Fayette (Cantrall)	
SUPPORTING RECORD 3.	Type of Document: Statement & photocopy of School Records		By whom issued and signed: Eugene J. Novotny, Supt., Cascade Public Schools, Idaho	Date issued: ----	Date Orig. Entry: Sept.8,1920
	Date of Birth: Aug.24,1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: S. L. Cantrall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	APR 24 1974

FORM BH 56067 1 Cp pd rec # 30669 4-3-68

APR 2 4 1974

419-222-036-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-236

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Martin			2. Date Of Birth (month) (day) (year): April 22 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Samaria, Idaho Oneida	b. City or Town of Birth: Samaria Idaho	
FATHER	6. Full Name of Father: Evan Jenkins Martin			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Ann Williams Martin			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Martin Lamb		11. Present Address of Registrant: 635 South 4th W. Rexburg Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 1974	12. Signature of Notary: Verle B Young		13. Notary Commission expires: June 25 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding blessing record	By whom issued and signed: LDS Church, Gerald M. Clark, Bishop	Date Issued: ---	Date Orig. Entry: blessed July 7,1912	
	Date of Birth: Apr.22,1912	Birth Place: Samaria, Idaho Oneida County	Full Name of Mother: Ann Williams	Name of Father: Evan Jenkins Martin	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 71	By whom issued and signed: Daniel W. Martin	Date Issued: May 8, 1974	Date Orig. Entry: -----	
	Date of Birth: Apr.22,1912	Birth Place: Samaria,Idaho	Full Name of Mother: Ann Williams Martin	Name of Father: Evan Jenkins Martin	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 139853	By whom issued and signed: Surety Life Ins. Co.	Date Issued: Oct.3,1963	Date Orig. Entry: -----	
	Date of Birth: Apr. 22,1963	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -------	
QUALIFYING INFORMATION					

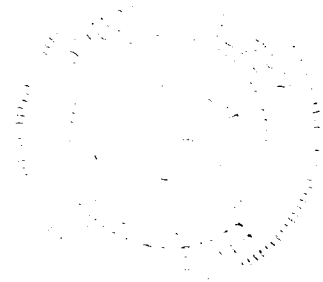
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gm1 Florence Curtright	May 10, 1974

FORM BH 56067 1st Pd - 2.00 9-29-71 11-20-74

MAY 1 0 1974



291-208-005 -766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-240

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beagle E. Bragington			2. Date Of Birth (month) Oct (day) 8 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Benewah	b. City or Town of Birth: St. Maries, Idaho
FATHER	6. Full Name of Father: Arthur Franks Bragington			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Alta M. Powers Bragington			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beagle E. Bragington Reed		11. Present Address of Registrant: St. Maries, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 10 1974	12. Signature of Notary: Lois M. Renfrew		13. Notary Commission expires: Feb 10 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment Record	By whom issued and signed: Benewah Community Hospital	Date Issued: May 10,1974	Date Orig. Entry: Employed Feb. 27,1968
	Date of Birth: Oct.8,1912	Birth Place: ----	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Lodge Record-Syringa # 5354	By whom issued and signed: Royal Neighbors of America	Date Issued: May 19,1974	Date Orig. Entry: member Mar.22,1957
	Date of Birth: Oct. 8,1912	Birth Place: St. Maries,Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: (at time of birth) Over 10yrs Affidavit by friend of family	By whom issued and signed: Hazel V. Smith	Date Issued: May 10,1974	Date Orig. Entry: ------
	Date of Birth: Oct.8,1912	Birth Place: St. Maries,Idaho	Full Name of Mother: Alta M. Powers	Name of Father: Arthur Bragington
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	May 15, 1974

FORM BH 56067

MAY 1 5 1974

366-112-030-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-247

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAROLD JAMES LOWMAN			2. Date Of Birth (month) 1 (day) 12 (year) 1912	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: ULYSSES & LEMHI	b. City or Town of Birth: ULYSSES	
FATHER	6. Full Name of Father: CHARLES JOSEPH LOWMAN			7. State or Country of Father's Birth: ILLINOIS	
MOTHER	8. Full Maiden Name of Mother: ADA MYRTLE SHOFSTALL LOWMAN			9. State or Country of Mother's Birth: COLORADO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold James Lowman		11. Present Address of Registrant: SENTINEL BUTTE ND	
NOTARY (Seal)	Subscribed and sworn to before me on April 23 1974	12. Signature of Notary: Dorothy Stolberg		13. Notary Commission expires: DOROTHY STOLBERG Notary Public GOLDEN VALLEY CO. N.D. My Commission Expires JULY 3, 1976	

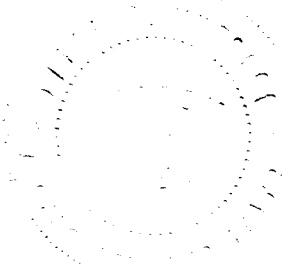
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #4446	By whom issued and signed: North Dakota Division of Vital Statistics		Date Issued: Apr.11,1974	Date Orig. Entry: child born Sep.9,1941
	Date of Birth: Age: 29	Birth Place: Eulysis, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Western Mutual Life Ins. Co., Fargo, ND		Date Issued: ---	Date Orig. Entry: Sept.1,1941
	Date of Birth: Jan.12,1912	Birth Place: Ulyses, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal uncle	By whom issued and signed: Roy Hewitt Shofstall (bd. 11/15/1900)		Date Issued: Apr.15,1974	Date Orig. Entry: ---
	Date of Birth: Jan.12,1912	Birth Place: Salmon, Lemhi County, Idaho*	Full Name of Mother: Ada Myrtle Shofstall Lowman	Name of Father: Charles Joseph Lowman	
QUALIFYING INFORMATION	*Specific location of birth place:"At old gold mining camp of Ulysses, Idaho, some 30 miles NW of Salmon..."				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: MAY 16 1974

FORM BH 56067

MAY 17 1974



766-.210-003-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-260

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ellen Goodnough			2. Date Of Birth (month) March (day) 10, (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: William Goodnough			7. State or Country of Father's Birth: Nevada
MOTHER	8. Full Maiden Name of Mother: Anna Mae Hunter			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ellen Matsaiye		11. Present Address of Registrant: 543 Wayne, Poc., Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 25 19 74	12. Signature of Notary: Jean S. Thomas		13. Notary Commission expires: March 15 19 77

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, McCammon Ward	Date Issued: July 19, 1931	Date Orig. Entry: Baptized June 6, 1931
	Date of Birth: March 10, 1912 / Birth Place: McCammon, Bannock County, Idaho	Full Name of Mother: Mae Hunter	Name of Father: Wm. Goodnough	
SUPPORTING RECORD 2.	Type of Document: Affidavit by maternal uncle who lived nearby	By whom issued and signed: Ernest Exeter (Age:76)	Date Issued: Apr.3,1974	Date Orig. Entry: ---
	Date of Birth: Mar.10,1912 / Birth Place: McCammon, Idaho	Full Name of Mother: Anna May Hunter	Name of Father: William Goodenough	
SUPPORTING RECORD 3.	Type of Document: Statement regarding medical record	By whom issued and signed: Dr. Rondo I.Manwaring,Pocatello ID, Chiropractic Physician	Date Issued: 4/27/74	Date Orig. Entry: Sept.17,1961
	Date of Birth: Mar.10,1912 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	MAY 24 1974

FORM BH 56067

1 copy pd # 17131

7-8-64 (m)

MAY 2 8 1974

369-106-028-593

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-294

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roy William Lorentzen		2. Date Of Birth (month) May (day) 6 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County KOOTENAI IDAHO; b. City or Town of Birth: Coeur d'Alene Idaho
FATHER	6. Full Name of Father: Albin Lorentzen		7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Olea Nilsen		9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roy William Lorentzen	11. Present Address of Registrant: 5055 Fauntleroy Way S.W.
NOTARY (Seal)	Subscribed and sworn to before me on May 10 1974	12. Signature of Notary	13. Notary Commission expires: Nov 30 1974

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of baptism	By whom issued and signed: George Shurson, pastor, N. Luth. Menighad, Coeur d'Alene, ID	Date Issued: ---	Date Orig. Entry: Oct. 6, 1912
	Date of Birth: May 6, 1912	Birth Place: ---	Full Name of Mother: Olea Lorentzen	Name of Father: Albinnis Lorentzen
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: State of Washington	Date Issued: May 9, 1974	Date Orig. Entry: child born June 17, 1941
	Date of Birth: Age: 29	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Oscar Lorentzen (Age: 71 last December)	Date Issued: May 10, 1974	Date Orig. Entry: --
	Date of Birth: May 6, 1912	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulrick	Evidence reviewed by: Glenda Larson	Date Filed: JUN 10 1974

FORM BH 56067

JUN 1 3 1974

445420-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-307

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mearl Jones Duncan
2. Date Of Birth (month) (day) (year): December 20 - 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho - Bonneville
b. City or Town of Birth: Malad

FATHER

6. Full Name of Father: William James Taylor Duncan
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Mary Ann Jones
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mearl Jones Duncan
11. Present Address of Registrant: 769 Ebony - Pocatello, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: May 17, 1974
12. Signature of Notary: Lonnie F. Nelson
13. Notary Commission expires: November 1, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor at time of birth	Charity L. Hill Age:78	May 17,1974	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.20,1912	Malad, Idaho	Mary Ann Jones	William James Taylor Duncan

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #4735B6	Gem State Mutual Life Assoc.	May 1,1936	Apr.27,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.20,1912	Malad, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #231122	---	child born Apr.5,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Malad, Idaho	---	---

QUALIFYING INFORMATION

photocopy of family record which appears to be very old states,Mearl J. Duncan born Dec.20, 1912 Malad, Idaho William J. T. Duncan and Mary Ann Duncan.

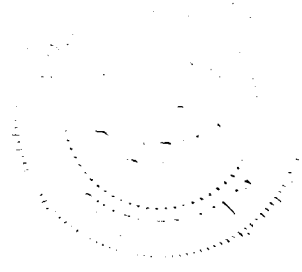
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	JUN 11 1974

FORM BH 56067

JUN 1 2 1974



693-218-042-463

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-322

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Elizabeth Williams
2. Date Of Birth (month) (day) (year): November 18, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Twin Falls
   b. City or Town of Birth: Buhl

FATHER

6. Full Name of Father: Claud Williams
7. State or Country of Father's Birth: North Dakota

MOTHER

8. Full Maiden Name of Mother: Jessie Agnes Molsee
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Thompson
11. Present Address of Registrant: PO Box 133 Chelan Wn

NOTARY (Seal)

Subscribed and sworn to before me on: June 10 1974
12. Signature of Notary: Marita M. Street
13. Notary Commission expires: May 12 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record Twin Falls County, Idaho	U.S. Department of Commerce Bureau of the Census	Feb.16,1973	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 7	Idaho	Jessie Williams	Claude Williams

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage return #3376	Okanogan County, Washington	Aug.5,1968	May 31,1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 19	Buhl, Idaho	Jessie Molsee	Claude Williams

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of driver's license record #147579	State of Idaho, Dept. of Law Enforcement	---	Mar.16,1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.18,1912	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: JUN 18 1974

JUN 19 1974

555-226-005-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-323

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Olive Nevin		2. Date Of Birth (month) (day) (year): March 26 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Idaho St. Maries, Benewah	b. City or Town of Birth: St. Maries
FATHER	6. Full Name of Father: James Gilmore Nevin		7. State or Country of Father's Birth: New Brunswick Canada	
MOTHER	8. Full Maiden Name of Mother: Clara Marie Montandon		9. State or Country of Mother's Birth: Europe Les Ponds de Martel Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Olive Bass	11. Present Address of Registrant: Spokane Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 1 1974	12. Signature of Notary: Carol Olson	13. Notary Commission expires: Sept. 1977	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of family record		By whom issued and signed: family records	Date Issued: ---	Date Orig. Entry: appears old
	Date of Birth: Mar.26,1912	Birth Place: ---	Full Name of Mother: Marie Clara Montandon	Name of Father: James Nevin	
SUPPORTING RECORD 2.	Type of Document: photocopy of statement regarding school records		By whom issued and signed: Benewah County Auditor's office, St. Maries, Idaho	Date Issued: ----	Date Orig. Entry: 1922
	Date of Birth: Mar.26,1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal aunt		By whom issued and signed: Ruth Platner	Date Issued: June 7,1974	Date Orig. Entry: ---
	Date of Birth: Mar.26,1912	Birth Place: St. Maries, Idaho Benewah County	Full Name of Mother: Clara Marie Montandon	Name of Father: James Gilmore Nevin	
QUALIFYING INFORMATION	photocopy of own child's birth certificate #783 for child born September 28, 1930 in King County, Washington gives mother's age as 18 and mother's place of birth as Idaho. Copy issued February 13, 1974.				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	gml Glenda Larson	JUN 18 1974

FORM BH 56067

JUN 1 9 1974

453-225-028-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-334

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FRANCES JEANNETTE MELLICK
2. Date Of Birth (month) (day) (year): FEB. 25 1912
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: POST FALLS

FATHER

6. Full Name of Father: Guy ARNOLD MELLICK
7. State or Country of Father's Birth: South Dakota

MOTHER

8. Full Maiden Name of Mother: MYRTLE L. FRASIER
9. State or Country of Mother's Birth: WASHINGTON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jeannette Mather
11. Present Address of Registrant: 1020 Seneca #110 Seattle, Wash 98101

NOTARY (Seal)

Subscribed and sworn to before me on: June 7 1974
12. Signature of Notary: Ingrid Frank Hoeye
13. Notary Commission expires: April 14 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Myrtle Mellick	Oct.23,1974	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.25,1912 / Post Falls,Idaho	Myrtle Mellick (Frasier)	Guy Arnold Mellick	
SUPPORTING RECORD 2.	photocopy of medical record	The Doctor's Hospital, Seattle, WASH	---	Mar.19,1966
	Feb.25,1912 / Idaho	Myrtle Frazier	Guy Mellick	
SUPPORTING RECORD 3.	certified copy of own child's birth certificate #2701	Bureau of Vital Statistics, State of Washington	May 27,1968	Sept.26,1944
	Age: 32 / Post Falls, Idaho	-----	----	

QUALIFYING INFORMATION

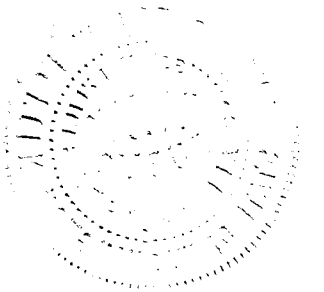
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: JUN 20 1974

FORM BH 56067

JUN 21 1974
DEC 21 1976



798-120-041-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-370

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Smith Pryse			2. Date of Birth: (month) July (day) 20 (year) 1912	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Driggs, Idaho — Teton	b. City or Town of Birth: Driggs	
FATHER	6. Full Name of Father: John Morgan Pryse			7. State or Country of Father's Birth: United States	
MOTHER	8. Full Maiden Name of Mother: Lucy Smith			9. State or Country of Mother's Birth: United States	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John Smith Pryse	11. Present Address of Registrant: John Day, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: June 19 1974		12. Signature of Notary: Audrey L. Dadley	13. Notary Commission expires: January 22, 1978	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: child born in Oregon, Grant County, Prairie City	Date Issued: ----	Date Orig. Entry: child born Feb. 7, 1934
	Date of Birth: AGE: 21	Birth Place: Briggs, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Family Record		By whom issued and signed: Family - E. Morgan Pryce	Date Issued: Feb. 1, 1960	Date Orig. Entry: Feb. 1, 1960
	Date of Birth: July 20, 1912	Birth Place: Driggs, Idaho	Full Name of Mother: Lucy Smith Pryse	Name of Father: John Morgan Pryse	
SUPPORTING RECORD 3.	Type of Document: Vehicle Driver's License		By whom issued and signed: State of Oregon	Date Issued: July 1, 1964	Date Orig. Entry: July 1, 1964
	Date of Birth: July 20, 1912	Birth Place: -----	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gm1 Florence Curtright	July 22, 1974

FORM BH 56067

JUL 23 1974

370

363-230-035-954

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74=392

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Cotroneo			2. Date Of Birth (month) (day) (year): August 30, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Rosario Cotroneo			7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Carmela Reda			9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Cotroneo Swank		11. Present Address of Registrant: 2642 S. 146 th Seattle Wa. 98168
NOTARY (Seal)	Subscribed and sworn to before me on: March 29th 1974	12. Signature of Notary: Kathleen M. Coleman		13. Notary Commisaion expires: February 2 1977

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism (Duplicate)	By whom issued and signed: Church of St. Stanislaus, Wm. G. Elliott, Pastor, Lewiston, ID		Date Issued: Mar. 13, 1972	Date Orig. Entry: baptized Dec. 7, 1912
	Date of Birth: Aug. 30, 1912	Birth Place: Lewiston, Idaho	Full Name of Mother: Carmela Reda	Name of Father: Rosario Cotroneo	
SUPPORTING RECORD 2.	Type of Document: Hospital Certificate of birth for own child	By whom issued and signed: Sacred Heart Hospital, Spokane Washington, Sr. Rose Eva FCSP RN, Supv.		Date Issued: ---	Date Orig. Entry: child born April 8, 1937
	Date of Birth: Aug. 30, 1912	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement of Dr.'s Records	By whom issued and signed: Joseph B. Legrand, M.D.		Date Issued: Dec. 23, 1966	Date Orig. Entry: -----
	Date of Birth: Aug. 30, 1912 Age 54	Birth Place: ----	Full Name of Mother: ----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml gml Florence Curtright	Date Filed: July 26, 1974

FORM BH 56067

JUL 2 9 1974

795-208-006-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-444

REGISTRANT (Person whose birth is being established)

1. Registrant's Full Name at Birth: Cecilia Isabella Greenan
2. Date of Birth: June 8 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: Owen Eugene Greenan
7. State or Country of Father's Birth: Ireland

MOTHER

8. Full Maiden Name of Mother: Mary Teresa Gabrielson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cecilia I. Lieber
11. Present Address of Registrant: 11327 31st St.

NOTARY (Seal)

Subscribed and sworn to before me on: 10 1967
12. Signature of Notary: Virginia Ann Billings
13. Notary Commission expires: VIRGINIA ANN BILLINGS My Commission Expires July 14, 1967

VIRGINIA ANN BILLINGS NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own childs birth certificate #24616	Los Angeles County, CA	Oct.7,1965	child born Aug.4,1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 34	Idaho	----	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother	John G. Greenan (Age:75)	July 14,1974	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 8,1912	Blackfoot,Idaho	Mary Teresa Gabrielson	Owen Eugene Greenan

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record Bingham County, Itaho	U.S. Department of Commerce Bureau of the Census	May 21,1970	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 7	Idaho	Mary Greenan	Owen Greenan

QUALIFYING INFORMATION

photocopy of baptismal record from Church of Holy Rosary, Idaho Falls, Idaho, Rev. George L. King gives birthdate as June 8, 1912 and parents' names as Mary Gabirson and Owen Greenan. Baptized on August 4, 1912.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	SEP - 5 1974

FORM BH 56067

2nd form sent 5-2-67 1 copy paid rec. 9712 (L) gml

SEP 6 1974

DELAYED

296-117-039-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
AUG 15 1974
Bureau of Vital Statistics

State File No. DE 74-453

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Brown		2. Date Of Birth (month) (day) (year): 12-17-1912
	3. Color or Race: Cau	4. Sex: M	5. Place of Birth a. County: Rockland, Idaho Power; b. City or Town of Birth: Rockland, Idaho
FATHER	6. Full Name of Father: William George Brown		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ann Elizabeth Beddes		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Brown	11. Present Address of Registrant: Box 71, Kimberly, Ida. 83341
NOTARY (Seal)	Subscribed and sworn to before me on: June 28 19 74	12. Signature of Notary: Lu Dell Waldron	13. Notary Commission expires: December 31 19 75

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (Age:72)	By whom issued and signed: Alice Schiewe	Date issued: July 31,1974	Date Orig. Entry: ----
	Date of Birth: Dec.17,1912 / Birth Place: Rockland, Idaho	Full Name of Mother: Ann Elizabeth Beddes	Name of Father: William George Brown	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #D-8623	By whom issued and signed: The American Home Benefit Association, Boise, ID	Date issued: Sep.22,1936	Date Orig. Entry: Sept.22,1936
	Date of Birth: Dec.17,1912 / Birth Place: ----	Full Name of Mother: Ann E. Brown	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: application for national service Life Ins.	By whom issued and signed: R.M.Balldeck,4th Gr.,Reception center,Ft.Douglas,UT	Date issued: Oct.27,1942	Date Orig. Entry: ---
	Date of Birth: Dec.17,1912 / Birth Place: Rockland, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	SEP 13 1974

FORM BH 56067

Tabulated Record # 07902

6/1/74

Enclosure

SEP 13 1974

238-20-7035-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-477

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dolores Grace Schumacher			2. Date Of Birth (month) August (day) 7 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Nez Perce County	b. City or Town of Birth: Rural
FATHER	6. Full Name of Father: Henry Schumacher			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Rose C. Mosman			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dolores Grace Click		11. Present Address of Registrant: 220 Fifth Avenue, Lewiston, Idaho 83501
NOTARY (Seal)	Subscribed and sworn to before me on: June 16 19 70	12. Signature of Notary: Paul C. Keeton		13. Notary Commission expires: July 11 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Rose C. Schumacher	Date Issued: Dec. 16, 1968	Date Orig. Entry: ----
	Date of Birth: Aug.7,1912	Birth Place: farm house in Nez Perce County, Idaho	Full Name of Mother: Rose C. Mosman Schumacher	Name of Father: Henry Schumacher	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: St.Boniface Church, Uniontown, WA C.Neidoorn, Pastor	Date Issued: Aug.15,1974	Date Orig. Entry: baptized Aug.25,1912
	Date of Birth: Aug.7,1912	Birth Place: (near Uniontown, but in Idaho)	Full Name of Mother: Rose Mosman	Name of Father: Henry Schumacher	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #1 467 724		By whom issued and signed: Kansas City Life Insurance Co.	Date Issued: Apr.2,1957	Date Orig. Entry: Jan.2,1957
	Date of Birth: Aug.7,1912	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: SEP 20 1974

FORM BH 56067

1 copy mailed

SEP 23 1974

331-30-2012-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-508

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: PAUL WILSON CLARK
2. Date Of Birth (month) (day) (year): OCTOBER 30 1912
3. Color or Race:
4. Sex:
5. Place of Birth a. County: Butte
b. City or Town of Birth: HOWE IDAHO

FATHER

6. Full Name of Father: WILLIAM ALLEN CLARK
7. State or Country of Father's Birth: DENTON CO. IOWA

MOTHER

8. Full Maiden Name of Mother: CAROLYN-ANN-LUTZ
9. State or Country of Mother's Birth: ~~DENTON~~ CHARRINGTON N. DAKOTA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Paul W Clark
11. Present Address of Registrant: RFD #1 BOX 63 BLACKFOOT IDA.

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 18 1974
12. Signature of Notary: Grace Williams
13. Notary Commission expires: Jan 14 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
United States -Atomic Energy Commission Personnel Questionnaire	Hunter =Saucerman Construction Idaho Falls, Idaho	Aug. 25, 1961	----------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 30, 1912	Howe, Idaho	Carolyn Ann Lutz Clark	William A. Clark

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy Affidavit for Marriage License	State of Idaho-Bannock County T. Erickson-County Recorder	Sept. 17, 174	Mar. 14, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 23 yrs	------	----------	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own Childs birth Certificate	State of Idaho File # 265025	------	Child born Feb. 20, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age. 25 yrs	Idaho	-------	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hicks	Sue Lowe	Oct. 4, 1974

K FORM BH 56067

Charles

OCT 4 1974

395431-009-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-512

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chester R. Lines			2. Date Of Birth (month) 10- (day) 31 (year) 1912
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Sandpoint Ida. Bonner	b. City or Town of Birth: Sandpoint, Idaho.
FATHER	6. Full Name of Father: Bertram Jesse Lines			7. State or Country of Father's Birth: Chicago, Ill.
MOTHER	8. Full Maiden Name of Mother: Ida Grace Heberle Lines			9. State or Country of Mother's Birth: Oshkosh, Wisc.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chester R. Lines		11. Present Address of Registrant: 2250 Grandview, Chehalis.Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 19 1974	12. Signature of Notary: Sara Mullins		13. Notary Commission expires: April 8 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 79	By whom issued and signed: Hattie E. Parsons		Date Issued: Sept.11,1974	Date Orig. Entry: -------
	Date of Birth: Oct.31,1912	Birth Place: Sandpoint,Idaho	Full Name of Mother: Grace Heberle Lines	Name of Father: Bertram Jesse Lines	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Bonner Co. Dist # 82		Date Issued: Aug.26,1974	Date Orig. Entry: Sept. 1918
	Date of Birth: Oct.31,1912	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: Bert Lines	
SUPPORTING RECORD 3.	Type of Document: Lodge Record	By whom issued and signed: B.P.O.Elks Lodge # 2435		Date Issued: Feb.7,1946	Date Orig. Entry:
	Date of Birth: Oct.31,1912	Birth Place: County of Bonner, Idaho	Full Name of Mother: -------	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	October 7,1974

FORM BH 56067

Lewis

OCT 8 1974

363730-044-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-525

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elton Leslie Colson
2. Date Of Birth (month) (day) (year): August 30 1912
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Midvale, Id. Washington
b. City or Town of Birth: Midvale, Idaho

FATHER

6. Full Name of Father: Homer Warren Colson
7. State or Country of Father's Birth: Salubria, Idaho

MOTHER

8. Full Maiden Name of Mother: Edith Helen Shaw
9. State or Country of Mother's Birth: Midvale Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elton L. Colson
11. Present Address of Registrant: 2802 South Cunyhee Boise Idaho 83705

NOTARY (Seal)

Subscribed and sworn to before me on: October 10 1974
12. Signature of Notary: Pearl C. Compton
13. Notary Commission expires: 1-16 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Edith Helen Colson	Oct.10,1974	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.30,1912	Midvale, Idaho	Edith Helen Shaw	Homer Warren Colson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement by attending physician	F. A. Schmitz, M.D. Weiser, Idaho	June 25,1954	Aug.30,1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.30,1912	---	Mrs. Homer Colson	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #303068	United Benefit Life Ins.	Apr.10,1951	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.30,1912	Midvale	----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gm1 Florence Curtright	October 16,1974

FORM BH 56067

Colson

OCT 1 6 1974

525

157-102-022-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-545

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Myron Blackburn Jeppson
2. Date Of Birth (month) (day) (year): May 2, 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth — a. County: Fremont
   b. City or Town of Birth: Archer

FATHER

6. Full Name of Father: Charles O. Jeppson
7. State or Country of Father's Birth: Brigham City, Utah

MOTHER

8. Full Maiden Name of Mother: Roxey L. Blackburn
9. State or Country of Mother's Birth: Nephi, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Myron B Jeppson
11. Present Address of Registrant: 1333 Leadville ave Salt Lake City, Utah 84116

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 22 1974
12. Signature of Notary: "Sue" Nora Lowe
13. Notary Commission Expires: Sept. 18 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Bishop, George Briggs, Jr. LDS Church -Archer Ward	-------	Blessed June 2, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 2, 1912	Archer, Idaho	Roxey L. Blackburn	Chas. O. Jeppson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal Certificate	Olaf P. Johanson-Bishop LDS Church -Archer, Idaho	--------	Baptized July 3, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 2, 1912	Archer, Idaho	Roxey L. Blackburn	Charles O. Jeppson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	State of Idaho File #224582	-------	Child born July 13, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 22 yrs	Idaho	---------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	"Sue" Nora Lowe	10/22/74

FORM BH 56067

OCT 22 1974

818-205-042-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-549

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred N. Haydon			2. Date Of Birth (month) January (day) 5 (year) 1912
	3. Color or Race: W	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: John M. Haydon			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Lolo M. Stanton			9. State or Country of Mother's Birth: Lewiston, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred H. McGuire		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 10-23 1974	12. Signature of Notary: Florence Curtright		13. Notary Commission expires 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: St. Luke's Hospital		Date Issued: Oct.18,1974	Date Orig. Entry: Patient July 5,1953
	Date of Birth: Jan.5,1912	Birth Place: Twin Falls, Idaho	Full Name of Mother: Lolo Haydon	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Dist. # 411 Twin Falls		Date Issued: ---	Date Orig. Entry: Sept. 1919
	Date of Birth: Age 7	Birth Place: -----	Full Name of Mother: -----	Name of Father: J. M. Haydon	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Dept. of Commerce		Date Issued: Jan	Date Orig. Entry: Jan. 1920
	Date of Birth: Age 8	Birth Place: Idaho	Full Name of Mother: Rosie Haydon	Name of Father: John M. Haydon	

QUALIFYING INFORMATION

Own child's birth certificate as it is on file with the Bureau of Vital Statistics Boise, Idaho, gives name of mother as Mildred Neva Haydon, age 23 as of March 10, 1935. Her place of birth is given as Twin Falls, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Oct.23,1974

FORM BH 56067

9-23-74

OCT 23 1974

MAY 09 2002

MAY 10 2002

H - WHICH BIRTH DATE IS CORRECT

(BOTH DELAYED)

DECEASED

Dup of 1912-369216

491-118-039-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-577

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wesley Albert Draper
2. Date Of Birth: (month) July (day) 18, (year) 1912
3. Color or Race: white
4. Sex: M
5. Place of Birth: a. County: Idaho Power County; b. City or Town of Birth: Rockland

FATHER

6. Full Name of Father: Andrew George Draper
7. State or Country of Father's Birth: South Jordan, Utah

MOTHER

8. Full Maiden Name of Mother: Nina Belle Stewart
9. State or Country of Mother's Birth: Ogden, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wesley Albert Draper
11. Present Address of Registrant: Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Nov. 20, 1973

12. Signature of Notary: Charles H Hunsaker
13. Notary Commission expires: July 9, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License	State of Idaho-Ada County	May 22,1959	Married May 22, 1959

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 46 yrs	Idaho	--------	---------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Nina Bell Draper	Nov.20,1973	-------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 18,1912	Rockland, Idaho	Nina Belle Stewart Draper	Andrew George Draper

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	Nevada on file - V. S. Carson City	Nov.11,1974	child born Sept.9,1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 41	Rockland,Idaho	-----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Florence Curtright	Nov. 15, 1974

FORM BH 56067

8-27-73

NOV 15 1974

693-127-026-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-591

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orville Boyd Williams			2. Date Of Birth (month) January (day) 27 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Hamer
FATHER	6. Full Name of Father: Raymond Dwight Williams			7. State or Country of Father's Birth: Jefferson County, Idaho
MOTHER	8. Full Maiden Name of Mother: Alice Ann Kendrick			9. State or Country of Mother's Birth: Power County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orville Boyd Williams		11. Present Address of Registrant: Star Route, Dubois, Idaho 83423
NOTARY (Seal)	Subscribed and sworn to before me on: July 24th 19 74	12. Signature of Notary: H. [illegible] Harn		13. Notary Commission expires: May 1st 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #13370162	By whom issued and signed: New York Life Ins. Co.		Date Issued: June 25,1934	Date Orig. Entry: June 12,1934
	Date of Birth: Jan.27,1912	Birth Place: Hamer, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin	By whom issued and signed: Thelma M. Harn,bd.12/25/1900		Date Issued: Sep.2,1974	Date Orig. Entry: ---
	Date of Birth: Jan.27,1912	Birth Place: Hamer, Idaho Jefferson County	Full Name of Mother: Alice Ann Kendrick	Name of Father: Raymond Dwight Williams	
SUPPORTING RECORD 3.	Type of Document: Federal census record Dubois,Clark Co.,Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Nov.18,1974	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Alice A. Williams	Name of Father: Raymond Williams	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: DEC 2 1974

FORM BH 56067

DEC 2 1974

DECEASED

355-22 8-010-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-594

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lydia Lucille Lee			2. Date Of Birth (month) (day) (year): Dec. 28 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Iona, Bonneville	b. City or Town of Birth: Iona
FATHER	6. Full Name of Father: John Ernest Lee			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lydia Lovina Longhurst			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lydia Lucille Austin		11. Present Address of Registrant: Salmon Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 25 1974	12. Signature of Notary: Maria D. Moore		13. Notary Commission expires: 10-24 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Record of Blessing		By whom issued and signed: L. D. S. Church (Ward Clk)	Date Issued:	Date Orig. Entry: Blessed March 2, 1913
	Date of Birth: Dec.28,1912	Birth Place: Iona, Idaho	Full Name of Mother: Lovina L. Longhurst	Name of Father: John E. Lee, Sr.	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # 286344		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Aug 21,1946	Date Orig. Entry: Aug.21,1946
	Date of Birth: Dec.28,1912	Birth Place: Iona, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Hospital Record Salmon, Idaho		By whom issued and signed: Steele Memorial Hospital	Date Issued: Nov.20,1974	Date Orig. Entry: patient Oct.17,1953
	Date of Birth: Dec.28,1912	Birth Place: Iona, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: Dec.3,1974

FORM BH 56067

DEC 4 1974

459-22-022-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-620

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louise Melvina Merrill
2. Date Of Birth (month) (day) (year): December 29, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Annis (mail Menan)

FATHER

6. Full Name of Father: Eldon Elias Merrill
7. State or Country of Father's Birth: Menan, Idaho

MOTHER

8. Full Maiden Name of Mother: Nancy Ann Dinsdale
9. State or Country of Mother's Birth: LaBelle, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louise M. Hutchison
11. Present Address of Registrant: 159W Fremont Rigby Idaho 83442

NOTARY (Seal)

Subscribed and sworn to before me on November 13 1974

12. Signature of Notary: Ralph M Archibald
13. Notary Commission expires: 5/10 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by aunt	Elsie Merrill Rainey (bd.2/28/1891)	May 13,1974	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.29,1912 Menan, Idaho	---	---	
SUPPORTING RECORD 2.	photocopy of patriarchal blessing	John Webster,Patriarch, LDS Rigby,Stake	---	Sep.8,1926
	Dec.29,1912 Annis, Idaho	Nancy Anna Merrill	Elden E. Merrill	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #207788	---	child born Oct.18,1932
	Age: 19 Menan, Idaho	---	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	DEC 13 1974

FORM BH 56067 10M 7-74

DEC 1 3 1974

794-225-031-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-75-004

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Pidgeon			2. Date Of Birth (month) July (day) 25 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Craigmont (Ilo) a. County: Lewis	b. City or Town of Birth	
FATHER	6. Full Name of Father: Charles R. Pidgeon			7. State or Country of Father's Birth: Iowa (Henry County)	
MOTHER	8. Full Maiden Name of Mother: Uvena Emily Arnold			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice P. Metsker		11. Present Address of Registrant: Montrose, Iowa	
NOTARY (Seal)	Subscribed and sworn to before me on: June 20 1974	12. Signature of Notary: Bernice Ruark		13. Notary Commission expires: Sept. 1976	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records in Bible		Date Issued: ---	Date Orig. Entry: appears old
	Date of Birth: July 25,1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Uvena Emily Pidgeon		Date Issued: May 4,1973	Date Orig. Entry: ---
	Date of Birth: July 25,1912	Birth Place: Craigmont, Lewis County, Idaho	Full Name of Mother: Uvena Emily (Arnold) Pidgeon	Name of Father: Charles R. Pidgeon	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record Idaho County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Nov.14,1974	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Uvena E. Pidgeon	Name of Father: Charles R. Pidgeon	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Margaret Davis	Date Filed: JAN 2 1975

FORM BH 56067

Metsker (nee Pidgeon)

JAN 6 1975

366-115-003-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-75-008

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Glenn Taylor Lowry
2. Date Of Birth (month) (day) (year): March 15 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Oxford

FATHER

6. Full Name of Father: James William Lowry
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Florence May Taylor
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glenn Taylor Lowry
11. Present Address of Registrant: 93030 108 Fontana Dr. Oxnard Ca.

Subscribed and sworn to before me on: November 19 74

12. Signature of Notary: Donna G. Looney
13. Notary Commission expires: Jan 4 19 77

NOTARY (Seal) DONNA G. LOONEY NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN VENTURA COUNTY My Commission Expires January 4, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photo copy Military discharge papers	United States Navy	Sept. 1, 1945	Sept 12, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 15, 1912	Oxford, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photo copy own child's hospital birth certificate	Van Nuys Maternity Hospital Van Nuys, California	---	child born June 23, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 15, 1912	Oxford, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photo copy of Temple record	Manti Temple	---	July 20, 1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
15 Mar. 1912	Oxford, Bannock, Idaho	Florence May Taylor	James William Lowry

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JAN 7 1975

FORM BH 56067

JAN 8 1975

231-204-026-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE;75-028

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ~~Nora Von Knight~~ Nella Jessie Staten			2. Date Of Birth (month) Sept (day) 4 (year) 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Grant Idaho	b. City or Town of Birth: Grant Idaho	
FATHER	6. Full Name of Father: John Ephraim Staten			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Jessie Brooks Calderwood			9. State or Country of Mother's Birth: Grayston Wyoming	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Nella Jessie Staten	11. Present Address of Registrant: Page Ariz 86040 Box 1512	
NOTARY (Seal)	Subscribed and sworn to before me on: January 2 1975		12. Signature of Notary: Lucy D. McMillan	13. Notary Commission expires: July 26 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Federal Census Record.		By whom issued and signed: U.S.Department of Commerce Bureau of Census	Date Issued: Feb.22,1974	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 8	Birth Place: Idaho	Full Name of Mother: Jessie M. Staten	Name of Father: John E. Staten	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Social Security Application		By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: May 27,1943
	Date of Birth: Sept.4,1912	Birth Place: Grant, Idaho	Full Name of Mother: Jessie Brooks Calderwood	Name of Father: John Ephraim Staten	
SUPPORTING RECORD 3.	Type of Document: Photocopy of LDS church Record of Member information		By whom issued and signed: Page Ward, Arizona	Date Issued: ---	Date Orig. Entry: 28 May 1974
	Date of Birth: 4 Sept.1912	Birth Place: Grant, Idaho	Full Name of Mother: Jessie Brooks Calderwood	Name of Father: John Ephraim Staten	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Hlick	Evidence reviewed by: Margaret Davis	Date Filed: JAN 15 1975

FORM BH 56067 Nm

11-6-74 cml

JAN 16 1975

292-105-004-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De.75-038

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willis Gerald Bischoff		2. Date Of Birth (month) (day) (year): 3 - 5 - 1912
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Geneva, Ida Bear Lake; b. City or Town of Birth: Geneva, Idaho
FATHER	6. Full Name of Father: David Bischoff		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Minie Lashbrook		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Willis J Bischoff	11. Present Address of Registrant: 265 Woodlawn Montpelier Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 7 1974	12. Signature of Notary: [signature]	13. Notary Commission expires: 9/6 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of ordination as an elder		By whom issued and signed: LDS Church, Wardboro Ward, Montpelier, Stake	Date issued: ----	Date Orig. Entry: ordained June 15,1941
	Date of Birth: Mar.5,1912	Birth Place: Geneva, Idaho	Full Name of Mother: Minie Lashbrook	Name of Father: David Bischoff	
SUPPORTING RECORD 2.	Type of Document: Affidavit by son of midwife who delivered child. Age:79		By whom issued and signed: Louis Blechart	Date issued: Jan.20,1975	Date Orig. Entry: --
	Date of Birth: Mar.5,1912	Birth Place: Geneva, Idaho	Full Name of Mother: Minie Lashbrook Bischoff	Name of Father: David Bischoff	
SUPPORTING RECORD 3.	Type of Document: Applicationfor license to Marry. Photostat		By whom issued and signed: State of Idaho, County of Bear Lake.	Date issued: ---	Date Orig. Entry: 24 Dec. 1942
	Date of Birth: Mar.5,1912	Birth Place: Geneva, Idaho	Full Name of Mother: Minnie Lashbrook	Name of Father: David Bischoff	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	JAN 20 1975

FORM BH 56067

1 Copy 1 card Pd Rec. # 04102 4-17-76

JAN 2 9 1975

719-125-039-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:75-039

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Sylvester Garrett			2. Date Of Birth (month) Sept. (day) 25 (year) 1912	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Power	b. City or Town of Birth: Roy	
FATHER	6. Full Name of Father: Jesse Garrett			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Zenner Celes Swearingen			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Arthur S. Garrett	11. Present Address of Registrant: 1203 9th. LaGrande, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 16 1974		12. Signature of Notary: Raymond A. Kibbey	13. Notary Commission expires: Jan 1, 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record Wallowa County, Oregon		By whom issued and signed: U.S. Department of Commerce Bureau of The Census	Date Issued: July 30, 1974	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Zenner C. Garrett	Name of Father: Jesse Garrett	
SUPPORTING RECORD 2.	Type of Document: photocopy of page of family records		By whom issued and signed: Family Records	Date Issued: ----	Date Orig. Entry: appears old
	Date of Birth: Sep. 25, 1912	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate Photocopy		By whom issued and signed: Oregon State Board of Health	Date Issued: ---	Date Orig. Entry: Child born Oct. 28, 1939
	Date of Birth: Age 27	Birth Place: Roy, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulrick	Margaret Davis	JAN 20 1975

FORM BH 56067

JAN 23 1975

469-106-037-734

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-053

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Robert Morgan		2. Date Of Birth (month) (day) (year): April 6 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: South Mountain Ida. Owyhee	b. City or Town of Birth: South Mountain Idaho
FATHER	6. Full Name of Father: John Morgan Morgan		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Mary Gluch		9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John R. Morgan	11. Present Address of Registrant: P.O. Box 81 John Day, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 8th 1974	~~12. Signature of Notary~~ John R. Morgan 12. Signature of Notary: Edna V. Fitzsimonds	13. Notary Commission expires: 10-14-77 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Parish of St.Bernard, Jordan Valley, OR A.Robert Miller, Pastor	Date Issued: Aug.9,1974	Date Orig. Entry: baptized July 14,1914	
	Date of Birth: Apr.6,1912	Birth Place: ---	Full Name of Mother: Mary Gluch	Name of Father: John M. Morgan	
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for marriage license #1765	By whom issued and signed: Humboldt County, Nevada	Date Issued: Nov.1,1974	Date Orig. Entry: Aug.12,1942	
	Date of Birth: Age: 30	Birth Place: --	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Photocopy of High School Record.	By whom issued and signed: Loyle V.Washam, Supervisor of Records (Boise High)	Date Issued: 1-15-1975	Date Orig. Entry: 1928	
	Date of Birth: Apr.6,1912	Birth Place: Owyhee County	Full Name of Mother: ---	Name of Father: J.M. Morgan	
QUALIFYING INFORMATION					

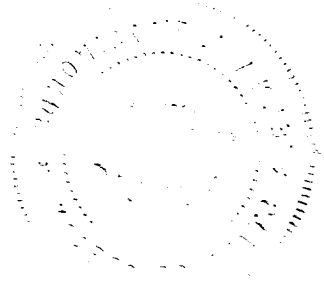
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	JAN 23 1975

FORM BH 56067

JAN 2 6 1975



243-21-2042-458

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-102

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Viola Hannah Butler
2. Date Of Birth (month) (day) (year): Oct. 12, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho Falls, Idaho
b. City or Town of Birth:

FATHER

6. Full Name of Father: George Wilford Butler
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Bertha Meyer
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Viola Hannah Hart Butler
11. Present Address of Registrant: Box 1318 Coolidge

NOTARY (Seal) JAY TOMASINI NOTARY PUBLIC CALIFORNIA SOLANO COUNTY

Subscribed and sworn to before me on: January 29 1975

12. Signature of Notary: Jay Tomasini
13. Notary Commission expires: Dec. 30, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Certificate of Baptism & Confirmation	By whom issued and signed: Ogden eleventh Ward, Weber Stake, LDS. J.H. Riley, Bishop	Date Issued: --	Date Orig. Entry: 7 Dec. 1924
	Date of Birth: 12 Oct. 1912 / Birth Place: Idaho Falls, ID	Full Name of Mother: Bertha Meyers	Name of Father: George Wilford Butler	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Marriage License	By whom issued and signed: State of Utah, County of Weber. Lucy Reed, Deputy	Date Issued: 3 Feb. 1975	Date Orig. Entry: 2 June 1934
	Date of Birth: 21 years / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Photocopy of School Record	By whom issued and signed: Ava Crosby, Registrar Ogden Senior High School	Date Issued: Feb. 2, 1975	Date Orig. Entry: 1931
	Date of Birth: Oct. 12, 1912 / Birth Place: --	Full Name of Mother: --	Name of Father: Burdette Smith (Foster parent)	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	Feb. 12, 1975

FORM BH 56067

1 copy paid 9-29-61

FEB - 3 1975

249-216-028-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-152

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Agnes Julia Smith
2. Date Of Birth (month) (day) (year): 2 - 16 - 12
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Kootenai
   b. City or Town of Birth: Harrison

FATHER

6. Full Name of Father: Allen Duane Smith
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Eva Mary Morrison
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Agnes Julia Gowey
11. Present Address of Registrant: Cataldo, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: November 21 1974
12. Signature of Notary: Dawn M. Flanary
13. Notary Commission expires: 10-1- 1977

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Eva M. Smith	Nov.21,1974	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.16,1912	Harrison, Idaho Kootenai County	Eva Mary Morrison Smith	Allen Duane Smith

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #54-16390	---	child born Dec.15,1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 42	Harrison, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit attached to application for Marriage License	State Idaho #117975	Feb.25,1975	8 Sept. 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
27 Years.	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ellis	gml Margaret Davis	MAR 5 1975

FORM BH 56067

Ck Pd Receipt #16351

11-21-74

MAR 7 1975

514-220-006-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-195

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carma Lily Vaughn
2. Date Of Birth: (month) 8 (day) 20 (year) 1912
3. Color or Race: Caucasian
4. Sex: F
5. Place of Birth: a. County: Lower Presto, Bingham; b. City or Town of Birth: Lower Presto (Rural Community)

FATHER

6. Full Name of Father: James Alexander Vaughn
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lillian Barnard
9. State or Country of Mother's Birth: Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carma Lily Williams
11. Present Address of Registrant: 203 W. 40th Ave. San Mateo, California

NOTARY (Seal) Subscribed and sworn to before me on December 27 1974

12. Signature of Notary: Barbara L Wise
13. Notary Commission expires: February 10 1976

OFFICIAL SEAL
BARBARA L. WISE
NOTARY PUBLIC-CALIFORNIA
SAN MATEO COUNTY
My Commission Expires Feb. 10, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by half-brother	By whom issued and signed: Irvine W. Kaiser (bd.2/25/1899)	Date Issued: Dec.12,1974	Date Orig. Entry: ---
	Date of Birth: Aug.20,1912 / Birth Place: Lower Presto Area Bingham Co,Idaho	Full Name of Mother: Lillian Barnard Vaughn	Name of Father: James Alexander Vaughn	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license affidavit	By whom issued and signed: Power County, Idaho	Date Issued: Oct.24,1974	Date Orig. Entry: ----
	Date of Birth: Age: 22 / Birth Place: ----	Full Name of Mother: --	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Copy of U.S. Census	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Mar.17,1975	Date Orig. Entry: Jan.1, 1920
	Date of Birth: Age 7 / Birth Place: Idaho	Full Name of Mother: Lillian Vaughn	Name of Father: James A. Vaughn	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	gml Margaret Davis	MAR 25 1975

FORM BH 56067

(NO SEARCH MADE) 10-22-74

MAR 2 5 1975

681-208-039-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75=209

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eunice O'Harra			2. Date Of Birth (month) Mar. (day) 8 (year) 1912	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Power	b. City or Town of Birth: Roy, Idaho	
FATHER	6. Full Name of Father: Jasper Thomas O'Harra			7. State or Country of Father's Birth: Weston, Oregon	
MOTHER	8. Full Maiden Name of Mother: Hilda Christina Peterson			9. State or Country of Mother's Birth: Mist, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eunice M. Gunn		11. Present Address of Registrant: 2130 Grant, Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 27 1975	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbors of parents at time of birth	By whom issued and signed: M. Josephine Benson		Date Issued: 23 Jan.75	Date Orig. Entry: ---
	Date of Birth: Mar. 8,1912	Birth Place: Roy, Idaho	Full Name of Mother: Hilda Christina O'Harra	Name of Father: Jasper Thomas O'Harra	
SUPPORTING RECORD 2.	Type of Document: School Report Card	By whom issued and signed: Mountain View School		Date Issued: ---	Date Orig. Entry: School year 1926
	Date of Birth: 14 Age	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Copy of U.S. Census	By whom issued and signed: U.S. Dept. of Commerce Bureau of the Census		Date Issued: Mar.6,1975	Date Orig. Entry: April 1,1930
	Date of Birth: Age 18	Birth Place: Idaho	Full Name of Mother: Hilda C. O'Harra	Name of Father: Jasper T. O'Harra	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

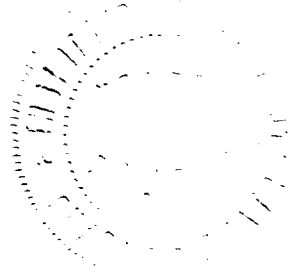
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ellick	Margaret Davis	MAR 27 1975

FORM BH 56067

O Hara

MAR 27 1975



DECEASED

113-12-021-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:75-215

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Weldon Rodney Jacobson			2. Date Of Birth (month) (day) (year): 12 nov. 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Weston
FATHER	6. Full Name of Father: Peter Jacobson			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Anna Maren Christene Nelson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Weldon Rodney Jacobson	11. Present Address of Registrant: Weston, ID 83286
NOTARY (Seal)	Subscribed and sworn to before me on: 26 March 1975		12. Signature of Notary: Lyman W Merrill	13. Notary Commission expires: 7 March 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

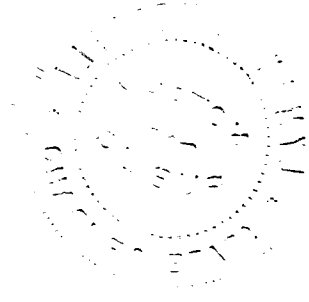
SUPPORTING RECORD 1.	Type of Document: Family geneology Record		By whom issued and signed: Glen H. Rex, Logan Utah	Date Issued: Sealed 11 Jan 1967	Date Orig. Entry: LG --
	Date of Birth: 12 Nov.1912	Birth Place: Weston, Idaho	Full Name of Mother: Anna Maren Christene Nelson	Name of Father: Peter Jacobson	
SUPPORTING RECORD 2.	Type of Document: Own childs' birth certificate		By whom issued and signed: State of Idaho #60-16951	Date Issued: ---	Date Orig. Entry: child born Dec.9,1960
	Date of Birth: Age 48	Birth Place: Weston, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Copy of Hospital Record		By whom issued and signed: Logan Hospital Logan, Utah	Date Issued: --	Date Orig. Entry: 11-12-69
	Date of Birth: Nov.12,1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: MAR 28 1975

FORM BH 56067

11-1-74

MAR 3 1 1975



165-221-021-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-232

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dicey Jones			2. Date of Birth (month) (day) (year): November 21 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: DAYTON, Idaho FRANKLIN	b. City or Town of Birth: Dayton
FATHER	6. Full Name of Father: CHARLES JONES			7. State or Country of Father's Birth: Smithfield UTAH
MOTHER	8. Full Maiden Name of Mother: MARY Elizabeth Boden			9. State or Country of Mother's Birth: Battle Creek Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dicey Jones Wright	11. Present Address of Registrant: 695350E, Clearfield, UT
NOTARY (Seal)	Subscribed and sworn to before me on: March 11 1975		12. Signature of Notary: Rodney S. Page	13. Notary Commission expires: June 6 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript from Church Record	By whom issued and signed: William V. Wright, Bishop Clearfield, Utah LDS	Date Issued: Apr. 2, 1975	Date Orig. Entry: Nov. 21, 1912
	Date of Birth: Nov. 21, 1912 / Birth Place: Dayton, Idaho	Full Name of Mother: Mary E. Boden (Jones)	Name of Father: Charles Jones	
SUPPORTING RECORD 2.	Type of Document: Personnel Action Record	By whom issued and signed: Samuel Park, Industrial Rel. Officer, U.S. Navy	Date Issued: ---	Date Orig. Entry: 8-3-50
	Date of Birth: 11-21-12 / Birth Place: Dayton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt born Jan. 28, 1894	By whom issued and signed: Mary Jensen Jones	Date Issued: Jan. 26, 75	Date Orig. Entry: ---
	Date of Birth: Nov. 21, 1912 / Birth Place: Dayton, Idaho	Full Name of Mother: Mary Elizabeth Boden	Name of Father: Charles Jones	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	APR 8 1975

FORM BH 56067

1 copy paid rec. 29337

3-19-68

APR 8 1975

Dwight

415 224-014-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-246

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Lucy Amelia Davis			2. Date Of Birth (month, day, year): December 24, 1912	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell	
FATHER	6. Full Name of Father: Charles William Davis			7. State or Country of Father's Birth: unknown	
MOTHER	8. Full Maiden Name of Mother: Allie Bennett Ball			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lucy A. Westbrook	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: July 31 1974		12. Signature of Notary: Barbara K. Bozeman	13. Notary Commission expires: January 20 1976	

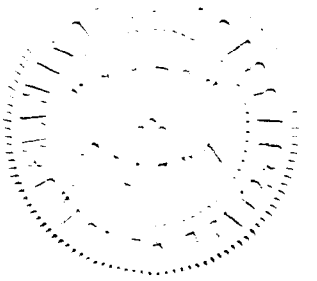
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding lodge records		By whom issued and signed: Mizpah Rebekah Lodge #12 Grangeville, ID Freda McComb, Sec.	Date Issued: June 10, 1974	Date Orig. Entry: Mar. 27, 1950
	Date of Birth: Age: 37	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of employment record		By whom issued and signed: Nezperce Nat'l Forest, Grangeville, ID, Don Biddison, Supv.	Date Issued: July 26, 1974	Date Orig. Entry: June 11, 1943
	Date of Birth: Dec. 24, 1912	Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Copy of Application for Social Security Number 519-18-3343		By whom issued and signed: Treasury Department IRS	Date Issued: ---	Date Orig. Entry: June 29, 1940
	Date of Birth: Dec. 24, 1912	Birth Place: Caldwell, ID.	Full Name of Mother: Allie Bennett Ball	Name of Father: Charles William Davis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ellick	Evidence reviewed by: gml Margaret Davis	Date Filed: APR 14 1975

FORM BH 56067

APR 1 4 1975



432-211-028-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-270

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lewis Lorence McKinney
2. Date Of Birth (month) (day) (year): Sept. 11 1912
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Coeur d'Alene Idaho
b. City or Town of Birth: Coeur d'Alene

FATHER

6. Full Name of Father: Lewis Robert McKinney
7. State or Country of Father's Birth: Canton Pa.

MOTHER

8. Full Maiden Name of Mother: Eva Bird
9. State or Country of Mother's Birth: Salem Oregon.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Francis L McKinney
11. Present Address of Registrant: Star Rt. 400-9-SW Quincy Wash. 98848

NOTARY (Seal)

Subscribed and sworn to before me on: 4-14 1975
12. Signature of Notary: Bonnie O. Booth
13. Notary Commission expires: July 26 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Photocopy of Newspaper Clipping	Coeur D'Alene Evening Press	---	Sept.11,1912
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.11,1912 / Coeur d'Alene	---	L.R. McKinney	
SUPPORTING RECORD 2.	Photocopy of Marriage Return	State of Washington	29 Jan.75	Aug.10,1932
	19 years. / Couer d'Alene	Eva Bird	Robert McKinney	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Oregon #63	Mar.20,1975	child born July 15, 1933
	20 years. / Cordelaine, ID.	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAY 1 1975

FORM BH 56067 1 yr. Rec'd # 15807

9/17/74

MAY 2 1975

515-28-009-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-306

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HELEN MARY CAREY (HAVILAND)
2. Date Of Birth (month) (day) (year): 10 28 1912
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: CAREYWOOD BONNER
b. City or town of Birth: CAREYWOOD IDAHO

FATHER

6. Full Name of Father: CLARENCE F. CAREY
7. State or Country of Father's Birth: BROCKVILLE ONTARIO CANADA

MOTHER

8. Full Maiden Name of Mother: MAUDE ANNA CURRAN
9. State or Country of Mother's Birth: MANISTEE MICHIGAN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Carey Haviland
11. Present Address of Registrant: 1740 RANCH DR N.W.

NOTARY (Seal)

Subscribed and sworn to before me on: March 7 1975
12. Signature of Notary: Donald [illegible]
13. Notary Commission expires: Sept 22. 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt. Born Apr.21 1892	Bernice Carey Weber	6 Jan.1975	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.28,1912	Careywood, Id.	Maude Curran Carey	Clarence F. Carey

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Marriage License	State of Michigan #531	---	2 Sept. 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 27	Careywood, ID.	Maude Curran	Clarence Carey

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Passport	Secretary of State of the United States of America	---	Feb.27,1967

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.28,1912	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	MAY 16 1975

FORM BH 56067

MAY 16 1975

266-218-016-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE:75-344

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Arvilla Bowcutt			2. Date Of Birth (month) Feb. (day) 18 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Burley	b. City or Town of Birth: Burley, Idaho
FATHER	6. Full Name of Father: William Leondus Bowcutt			7. State or Country of Father's Birth: Slaterville, Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Saxton Bowcutt			9. State or Country of Mother's Birth: Hull, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alice Arvilla Bowcutt	11. Present Address of Registrant: P.O. Box 525 Imperial, CA. 92251
NOTARY (Seal) P.O. Box 522, Imperial, California My Commission Expires April 9, 1978	Subscribed and sworn to before me on May 29, 1975		12. Signature of Notary: Frank E. Brewer	13. Notary Commission expires: April 9, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Imperial County, State of California	Date Issued: Mar.25,1969	Date Orig. Entry: child born July 10,1940
	Date of Birth: 28 years	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Marriage License and Certificate		By whom issued and signed: Grace Badgley,Depty.Clerk State of Arizona, Yuma County	Date Issued: ---	Date Orig. Entry: 15 Mar.1930
	Date of Birth: 18 years	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 80		By whom issued and signed: Alzina Dupen	Date Issued: 29 May 75	Date Orig. Entry: --
	Date of Birth: Feb.18,1912	Birth Place: Burley, Idaho	Full Name of Mother: Margaret Saxton Bowcutt	Name of Father: William Leondus Bowcutt	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Klick	Evidence reviewed by: md Margaret Davis	Date Filed: JUN 5 1975

FORM BH 56067

I.C. Pd Rec # 20457

11-19-69

JUN 5 1975

386-28-02-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-345

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lillie May Thomas
2. Date Of Birth (month) Oct. (day) 28 (year) 1912
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Clawson — Fremont
b. City or Town of Birth: Clawson (Tetonia P.O.)

FATHER

6. Full Name of Father: Richard Edmond Thomas
7. State or Country of Father's Birth: Malad Oneida Idaho

MOTHER

8. Full Maiden Name of Mother: Lucy C. Hansen
9. State or Country of Mother's Birth: Providence, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillie May Spencer
11. Present Address of Registrant: Star Route, Drummond, Montana 59832

NOTARY (Seal)

Subscribed and sworn to before me on: March 19, 1975
12. Signature of Notary: Clark Smith
13. Notary Commission expires: April 1, 1975

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	Church of Jesus Christ LDS, Halsey DeFullmer, Bishop	---	Mar. 2, 1913
	Date of Birth / Birth Place: Oct.28,1912 Clawson, Idaho	**Full Name of Mother:** Lucy Hansen	**Name of Father:** Richard E. Thomas	
SUPPORTING RECORD 2.	copy of church record.	Church of Jesus Christ LDS, William Wight, Clerk	---	Mar. 2, 1913
	Date of Birth / Birth Place: Oct. 28,1912 Clawson	**Full Name of Mother:** Lucy C. Hansen	**Name of Father:** Richard E. Thomas	
SUPPORTING RECORD 3.	Affidavit by Close Friend of Parent's	Maude W. Spencer	2 June 75	---
	Date of Birth / Birth Place: Oct. 28,1912 Clawson,Idaho	**Full Name of Mother:** Lucy C. Hanson	**Name of Father:** Richard E. Thomas	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	JUN 6 1975

FORM BH 56067

2-14-75

JUN 6 1975

915-111-030-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-367

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Theodore Rank			2. Date Of Birth (month) (day) (year): April 11, 1912
	3. Color or Race: W.	4. Sex: M.	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: May
FATHER	6. Full Name of Father: Rueban Richard Rank			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Myrtle Martha Cookin			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Theodore Rank		11. Present Address of Registrant: R. R. 1, Eldridge, Iowa
NOTARY (Seal)	Subscribed and sworn to before me on: June 11 19 75	12. Signature of Notary: Lea L. Clark		13. Notary Commission expires: Oct. 11 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Cousin Born Dec.6, 1896	By whom issued and signed: Bessie E. Snyder		Date Issued: 11 June 75	Date Orig. Entry: ---
	Date of Birth: Apr.11,1912	Birth Place: May, Idaho	Full Name of Mother: Myrtle Martha Cookin Rank	Name of Father: Reuben Richard Rank	
SUPPORTING RECORD 2.	Type of Document: Discharge Papers	By whom issued and signed: Marine Separation Center, Great Lakes, Illinois		Date Issued: Inducted 21 Apr.44	Date Orig. Entry: Discharged 19 June 1946
	Date of Birth: Apr.11,1912	Birth Place: May, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Transcript of birth registration Scott County, Iowa	By whom issued and signed: David H. Dahlin, Dl. Dist.Ct.		Date Issued: June 17,75	Date Orig. Entry: child born Dec.14,1952
	Date of Birth: 40 years.	Birth Place: May, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	Margaret Davis	JUN 17 1975

FORM BH 56067

JUN 1 8 1975

553-21-022-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-396

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Eveline Nelson		2. Date Of Birth (month) August (day) 21 (year) 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Willard Nelson		7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Ida Durney		9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta Buster	11. Present Address of Registrant: Rt. 1 St. Anthony Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on June 26 1975	12. Signature of Notary: Dee Nora Lowe	13. Notary Commission expires: Sept. 18 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of birth	By whom issued and signed: Yellowstone Stake, St. Anthony Ward, L.D.S. Church	Date Issued: 23 Dec. 1974	Date Orig. Entry: 5 Oct. 1913
	Date of Birth: 21 Aug. 1912	Birth Place: St. Anthony	Full Name of Mother: Ida Durney	Name of Father: Willard Nelson
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #192577	Date Issued: 6/26/75	Date Orig. Entry: child born June 10, 1931
	Date of Birth: 18 years.	Birth Place: St. Anthony, ID.	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: Farmers Union Ins. 612K09314	Date Issued: Nov. 9, 1966	Date Orig. Entry: ------
	Date of Birth: Aug. 21, 1912	Birth Place: ------	Full Name of Mother: ----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	June 27, 1975

FORM BH 56067

JUN 27 1975

DECEASED

249-208-009-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-409

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucile Burnam			2. Date Of Birth (month) April (day) 8 (year) 1912
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: Idaho Bonner	b. City or Town of Birth: Newport (Rural)
FATHER	6. Full Name of Father: Robert L. Burnam			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Udora Harrison			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille E. Lee		11. Present Address of Registrant: 2375 Tago Eureka, Cal
NOTARY (Seal)	Subscribed and sworn to before me on: May 27th 1975	12. Signature of Notary: Judith A. Fontasue		13. Notary Commission expires: Nov 7 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: 9/24/74	Date Orig. Entry: Jan.1,1920
	Date of Birth: 7 years	Birth Place: Idaho	Full Name of Mother: Udora Burnam	Name of Father: Robert L. Burnam	
SUPPORTING RECORD 2.	Type of Document: Certificate of Registry of Marriage		By whom issued and signed: State of California #19864	Date Issued: 5 May 75	Date Orig. Entry: Dec.5,1963
	Date of Birth: April 8,1912	Birth Place: Idaho	Full Name of Mother: Eudora Harrison	Name of Father: Robert L. Burnam	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Sister Age 75		By whom issued and signed: Gertrude Church	Date Issued: 26 June 75	Date Orig. Entry: ---
	Date of Birth: Apr.8,1912	Birth Place: Newport, Id/	Full Name of Mother: Eudora E. Burnham	Name of Father: Robert L. Burnham	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: JUL 2 1975

FORM BH 56067

INDIVIDUAL ACKNOWLEDGMENT

State of California
County of Humboldt } S.S.

On this 27th day of May 19 75 before me,

The Undersigned, a Notary Public in and for said Humboldt County,

(SEAL)

personally appeared Lucille Lee.,

proved to me on the oath of

OFFICIAL SEAL
JUDITH A. RANTASUO
NOTARY PUBLIC - CALIFORNIA
HUMBOLDT COUNTY
My Commission Expires Nov. 7, 1976

to be the person whose name is subscribed to the within instrument, and acknowledged that she executed the same.

WITNESS my hand and official seal.

Judith A. Rantasuo

Notary Public in and for said Humboldt County and State

My commission expires Nov 7 19 76.

P—184 8-71

JUL 3 1975

269-124-022-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75=419

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DOYLE REVO SORENSON
2. Date Of Birth: (month) JULY (day) 24 (year) 1912
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County FREMONT; b. City or Town of Birth EGIN

FATHER

6. Full Name of Father: JOSEPH LEONARD SORENSON
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: ANNIE ELVA JOHNSON
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: 1855 CLARK CIRCLE DRIVE YUBA CITY CA. 95901

NOTARY (Seal)

Subscribed and sworn to before me on June 30, 1975

12. Signature of Notary: [signature]
13. Notary Commission expires: Oct 22 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	J. Rodenhouse, Bishop LDS church Egin	9/2/12	Blessed Sept. 1, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 24, 1912	Egin, Idaho	Anne E. Johnson	Joseph L. Sorenson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	W.W. Spien, Priest LDS church St. Anthony	8/2/1920	Baptised July 31, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 24, 1912	Egin, Idaho	Annie E. Johnson	Joseph L. Sorenson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
#547 09 8523 Application for S.S. number	Treasury Dept. IRS.	7/12/37	7/12/37

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 24, 1912	Egin, Idaho	Annie Elva Johnson	Joseph Leonard Sorenson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Margaret Davis	

FORM BH 56067

JUL 9 1975

OFFICIAL SEAL
LEONARD E. HANSON
NOTARY PUBLIC - CALIFORNIA
SUTTER COUNTY
My comm. expires OCT 22, 1978

650 Colusa Ave., P.O. Drawer "H", Yuba City, CA 95991

369-229-042-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75:529

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Rosalea Lorain		2. Date of Birth (month) Nov. (day) 29 (year) 1912
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Filer, Twin Falls; b. City or Town of Birth: Filer
FATHER	6. Full Name of Father: Henry Bailey Lorain		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Martha Ann Stevens		9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Rosalea Lorain Doramus	11. Present Address of Registrant: Wendell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 8/17/64 19__	12. Signature of Notary: Jane M. Peterson	13. Notary Commission expires 10/10 1964

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age 69	By whom issued and signed: Minerva Stevens Sears	Date Issued: August 29, 1964	Date Orig. Entry: ---
	Date of Birth: Nov. 29, 1912 / Birth Place: Filer, Idaho	Full Name of Mother: Martha Ann Stevens Lorain	Name of Father: Henry Bailey Lorain	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #244552	Date Issued: 9/4/75	Date Orig. Entry: child born June 7, 1936
	Date of Birth: 23 years. / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Photocopy of page from Bible	By whom issued and signed: Family Record	Date Issued: 9/4/75	Date Orig. Entry: Document is Obviously old
	Date of Birth: Nov.29,1912 / Birth Place: Filer, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Klick	Evidence reviewed by: gml Margaret Davis	Date Filed: SEP 4 1975

FORM BH 56067

SEP 5 1975

394-218-029-385

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-687

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Goldie May Crumley
2. Date Of Birth: (month) Nov. (day) 18 (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Princeton

FATHER

6. Full Name of Father: Sam S. Crumley
7. State or Country of Father's Birth: USA

MOTHER

8. Full Maiden Name of Mother: Agnes Elizabeth Lynn
9. State or Country of Mother's Birth: USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Goldie May Hanson
11. Present Address of Registrant: Flaxville, Montana

NOTARY (Seal)

Subscribed and sworn to before me on November 25 1975

12. Signature of Notary: Donna M. Baldry
13. Notary Commission expires: July 7 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Sister age 78	Hazel B. Cone	29 Aug. 74	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.18,1912 Princeton,ID.	Agnes Elizabeth Lynd	Samuel Sanders Crumley	
SUPPORTING RECORD 2.	Page from Family Bible	Family Record	11/18/75	Document is obviously old
	Nov.18,1912 / ---	---	---	
SUPPORTING RECORD 3.	Photocopy of Petition for Degrees in the Eastern Star.	Esther K. Leibrand, Secy. Prairie Chapter No.75	11/21/75	1/9/67
	18 Nov.12 / Princeton, ID.	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Margaret Davis
Date Filed: DEC 3 1975

FORM BH 56067

DEC 3 1975

533-14-039-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE 75-691

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Olive Ellis			2. Date Of Birth (month) February (day) 14 (year) 1912
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls, Idaho
FATHER	6. Full Name of Father: William Ellis			7. State or Country of Father's Birth: Queenstown, South Africa
MOTHER	8. Full Maiden Name of Mother: Elizabeth Beutler			9. State or Country of Mother's Birth: Bern, Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Ellis Terry		11. Present Address of Registrant: 722 Low Ave. Pocatello, 83201
NOTARY (Seal)	Subscribed and sworn to before me on November 19 1975	12. Signature of Notary: Florence Curtright		13. Notary Commission expires April 20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - # 252584		Date Issued: -----	Date Orig. Entry: child born Feb. 4, 1939
	Date of Birth: Age 24	Birth Place: American Falls	Full Name of Mother: ------		Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother age 82	By whom issued and signed: Oswald Dee Ellis		Date Issued: Nov.25,1975	Date Orig. Entry: ------
	Date of Birth: Feb.14,1912	Birth Place: American Falls,Ida	Full Name of Mother: Elizabeth Beutler		Name of Father: William Ellis
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: Poc. 9th Ward L.D.S.Church		Date Issued: Oct.21,1975	Date Orig. Entry: original over 5 years
	Date of Birth: Feb.14,1912	Birth Place: American Falls	Full Name of Mother: Elizabeth Butler		Name of Father: William H. Ellis
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Florence Curtright	Dec.3,1975

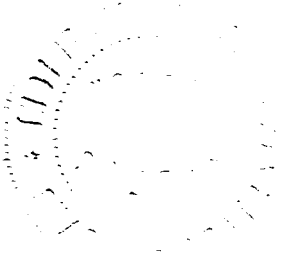
FORM BH 56067

1 cpd rec # 653

11-19-75

Jerry

DEC 4 1975



994-215-039-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:75-706

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eunice Elizabeth Zimmerman			2. Date Of Birth (month) Mar (day) 15 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Fred Henry Zimmerman			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Vida Grace Rouse			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eunice E McClellan		11. Present Address of Registrant: Rt #1 Hagerman Idaho 83332
NOTARY (Seal)	Subscribed and sworn to before me on: 12-4 1975	12. Signature of Notary: [illegible]		13. Notary Commission expires: 9-15 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Hailey Ward. LDS Church	Date issued: 12/9/75	Date Orig. Entry: Baptised Aor,20,1940
	Date of Birth: Mar.15,1912 / Birth Place: Payette, ID.	Full Name of Mother: Vida Rouse	Name of Father: Fred Zimmerman	
SUPPORTING RECORD 2.	Type of Document: Notification of Personnel Action	By whom issued and signed: Post Office Department	Date issued: 6/15/61	Date Orig. Entry: 6/15/61
	Date of Birth: Mar.15,1912 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #50-09219	Date issued: 12/9/75	Date Orig. Entry: child born Aug.2,1950
	Date of Birth: 38 years / Birth Place: Payette, ID.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

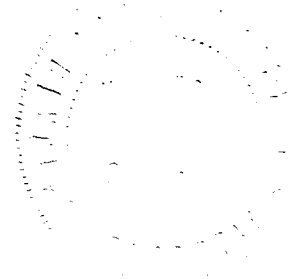
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	DEC 9 1975

FORM BH 56067 1 Cop Pd Receipt #13723 8/15/74

DEC 1 0 1975



257-117-033-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-710

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Weldon W. Keppner		2. Date Of Birth (month) (day) (year): March 17 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Hibbard Madison; b. City or Town of Birth: Hibbard
FATHER	6. Full Name of Father: Joseph Keppner		7. State or Country of Father's Birth: Logan Utah
MOTHER	8. Full Maiden Name of Mother: Kate Watson		9. State or Country of Mother's Birth: Logan Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Weldon W. Keppner	11. Present Address of Registrant: May Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 4 1975	12. Signature of Notary: Gerald Niebers	13. Notary Commission expires: 9-15 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record		By whom issued and signed: Gerald Niebers, Salmon Notary Public	Date issued: 12/4/75	Date Orig. Entry: Document obviously old
	Date of Birth: Mar.17,1912	Birth Place: Hibbard, Id.	Full Name of Mother: Kate Watson Keppner	Name of Father: Joseph Keppner	
SUPPORTING RECORD 2.	Type of Document: Insurance Application		By whom issued and signed: Gem State Mutual Life Asso.	Date issued: 18 Feb.35	Date Orig. Entry: 18 Feb.35
	Date of Birth: Mar. 17,1912	Birth Place: Rexburg, ID.	Full Name of Mother: Mrs. Joseph Keppner	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #246162	Date issued: 12/10/75	Date Orig. Entry: child born 9/6/36
	Date of Birth: 24 years.	Birth Place: Hibbard, ID.	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Hibbard is Rural Rexburg and gets mail through Rexburg.

REGISTRAR'S CERTIFICATION (seal)

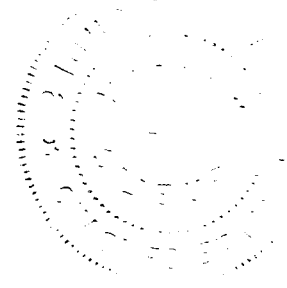
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	DEC 10 1975

FORM BH 56067 1 cp. Pd Rec # 00911 12-1-75

Hoppenner

DEC 1 1 1975



527-121-028-527

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:75-734

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vernard Esgate
2. Date Of Birth (month) 11 (day) 21 (year) 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County Kootney; b. City or Town of Birth Couer d'Alene, Idaho

FATHER

6. Full Name of Father: Chester Arthur Esgate
7. State or Country of Father's Birth: Chester Iowa

MOTHER

8. Full Maiden Name of Mother: Blanche Estella Esgate (Born Frey) (adopted by walls)
9. State or Country of Mother's Birth: Rosetta, Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vernard Esgate
11. Present Address of Registrant: 84994 Kensington Blvd. Pleasant Hill, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on Dec 5 1975

12. Signature of Notary: Lakin Mowary
13. Notary Commission expires: My Commission Expires Aug. 28, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister Age 74	By whom issued and signed: Anne Kurecka		Date Issued: 11/17/75	Date Orig. Entry: ---
	Date of Birth: 11/21/12	Birth Place: Couer d'Alene	Full Name of Mother: Blanch Esgate	Name of Father: Chester A. Esgate	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Oregon #136		Date Issued: 3/12/56	Date Orig. Entry: child born 2/14/56
	Date of Birth: Age 43	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: New York Life Insurance Co.		Date Issued: 26 Mar. 41	Date Orig. Entry: 26 Mar. 41
	Date of Birth: 21 Nov. 1912	Birth Place: Coeur deLaine	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	md Margaret Davis	DEC 30 1975

FORM BH 56067

1 cp Ad. Rec #04913

6-26

DEC 30 1975
FEB 26 1998

JUL 26 2006

159-119-028-359

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-023

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lawrence Edward Jerome
2. Date Of Birth (month) (day) (year): August 19 1912
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Coeur d'Alene Kootenai
b. City or Town of Birth: Coeur d'Alene

FATHER

6. Full Name of Father: Oliver Jerome
7. State or Country of Father's Birth: Unknown

MOTHER

8. Full Maiden Name of Mother: Emma Josephine Leinum
9. State or Country of Mother's Birth: Spokane Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lawrence Edward Jerome
11. Present Address of Registrant: POB 394 Smelterville

NOTARY (Seal)

Subscribed and sworn to before me on: January 9, 1976
12. Signature of Notary: [illegible] Smith
13. Notary Commission expires: MY COMMISSION EXPIRES AUGUST 2, 1979 NOTARY PUBLIC KELLOGG, IDAHO

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Uncle Age 76	George E. Leinum	15 Apr.75	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
August 19, 1912	Coeur d'Alene	Emma Leinum	Oliver Jerome

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #424924	May 6,1949	child born 9/9/46

Date of Birth	Birth Place	Full Name of Mother	Name of Father
34 years.	coeur d'Alene	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record (Census)	Kootenai County Recorder	5/3/1975	1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9 years.	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JAN 1[illegible] 1976

FORM BH 56067

JAN 15 1976

962-217-015-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-034

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Emily Robinson		2. Date Of Birth (month) July (day) 17 (year) 1912
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Freedom, Ida Caribou; b. City or Town of Birth: Freedom
FATHER	6. Full Name of Father: Guy Robinson		7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Ida Luthi		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Emily Robinson	11. Present Address of Registrant: Freedom Wyo.
NOTARY (Seal)	Subscribed and sworn to before me on: January 12th 1976	12. Signature of Notary: Ardell C. Hoopes	13. Notary Commission expires: April 11th 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister born Dec.12,1898	By whom issued and signed: Eliza L. Robinson	Date issued: 1/12/76	Date Orig. Entry: ---
	Date of Birth: July 17,1912; Birth Place: Freedom	Full Name of Mother: Ida Luthi	Name of Father: Guy Robinson	
SUPPORTING RECORD 2.	Type of Document: Insurance Transcript	By whom issued and signed: Gem State Mutual Assoc.	Date issued: 30 Jan.75	Date Orig. Entry: Mar.4,1937
	Date of Birth: July 17,1912; Birth Place: Freedom	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for License to Marry	By whom issued and signed: State of Idaho	Date issued: 30 Jan.75	Date Orig. Entry: 17 May 41
	Date of Birth: 7/17/12; Birth Place: Freedom	Full Name of Mother: Ida Luthi	Name of Father: Guy Robinson	

QUALIFYING INFORMATION

Mailing address of Freedom, Idaho is Freedom, Wyo.

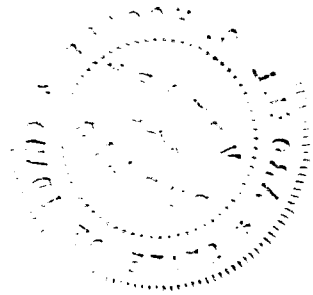
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JAN 20 1976

FORM BH 56067 1 cp & 1 card Pd Rec. II 23910 9-21-73

JAN 2 0 1976



763-108-003-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-039

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Winslow Franklin Potter
2. Date Of Birth: (month) June (day) 8 (year) 1912
3. Color or Race: white
4. Sex: Male
5. Place of Birth: a. County: Bannack; b. City or Town of Birth: Grace, Idaho

FATHER

6. Full Name of Father: James Franklin Potter
7. State or Country of Father's Birth: Payson, Utah, Utah

MOTHER

8. Full Maiden Name of Mother: Louisa ~~Potter~~ Sowards
9. State or Country of Mother's Birth: Paintsville, Jhns, Kntc

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Winslow F. Potter
11. Present Address of Registrant: 951 Elm, Twin Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Dec. 23 19 75

12. Signature of Notary: Margaret Conner
13. Notary Commission expires: non exp 19 —

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for license to Marry	State of Utah	24 Dec.75	Oct.5,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 8,1912	Grace Idaho	Louisa S. Sowards	James F. Potter

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Discharge Papers	Separation Center Fort Douglas Utah	21 Jan.46 Discharge	4 Sept. 44 Induction

Date of Birth	Birth Place	Full Name of Mother	Name of Father
8 June 12	Grace, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Twin Falls 1st Ward Twin Falls Stake	14 Dec.73	Blessed July 5, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
8 Jun 1912	Grace Idaho	Louisa Sowards	James F. Potter

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

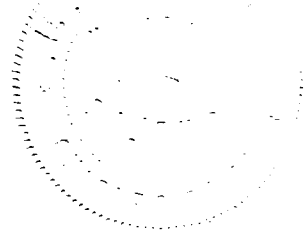
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	JAN 23 1976

FORM BH 56067

8-7-75

JAN 03 1976



155-109-006-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-045

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Keith Benjamin Jensen			2. Date Of Birth (month) May (day) 9 (year) 1912
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bingham County	b. City or Town of Birth: Shelley, Idaho
FATHER	6. Full Name of Father: Hans Benjamin Jensen			7. State or Country of Father's Birth: Hyrum, Utah
MOTHER	8. Full Maiden Name of Mother: Helena Christine Christiansen			9. State or Country of Mother's Birth: Hyrum, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Keith Benjamin Jensen		11. Present Address of Registrant: Rt 2 Box 283 Shelley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on January 20 19 76	12. Signature of Notary: [illegible]		13. Notary Commission expires: Jan. 18 19 80

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS church John E. Kelley, Bishop	Date Issued: Apr.6,1924	Date Orig. Entry: Baptised Apr.5, 1924
	Date of Birth: May 9,1912 / Birth Place: Shelley	Full Name of Mother: H. Benj. Jensen	Name of Father: Helen Christiansen	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: General High School, Shelley	Date Issued: 1932	Date Orig. Entry: Sept. 1928
	Date of Birth: May 9, 1912 / Birth Place: Shelley	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance	Date Issued: Jan.1,1930	Date Orig. Entry: Jan.1,1930
	Date of Birth: Age next Birthday 18yrs. / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JAN 26 1976

FORM BH 56067

JAN 2 7 1976

765-208-003-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-073

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Josephine Ponzo			2. Date Of Birth (month) May (day) 8, (year) 1912	
	3. Color or Race: Am. Indian	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Fort Hall Indian Reservation	
FATHER	6. Full Name of Father: Frank Ponzo			7. State or Country of Father's Birth: Virginia City, MT. U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Dora Hammer Ponzo			9. State or Country of Mother's Birth: Salmon, ID U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Josephine Mary P Ponzo		11. Present Address of Registrant: Box 360, Fort Hall, ID 83203	
NOTARY (Seal)	Subscribed and sworn to before me on: January 8 1976	12. Signature of Notary: Judith A. Burns		13. Notary Commission expires: November 15 1976	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Register of Vital Statistics	By whom issued and signed: Fort Hall Agency		Date Issued: 1/12/76	Date Orig. Entry: 1912
	Date of Birth: May 8, 1912	Birth Place: Fort Hall	Full Name of Mother: Dora Ponzo	Name of Father: Frank Ponzo	
SUPPORTING RECORD 2.	Type of Document: Shoshone-Bannock Tribe Census Roll	By whom issued and signed: Fort Hall Reservation		Date Issued: 1/12/76	Date Orig. Entry: June 1953
	Date of Birth: 5/8/12	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Sister 12 years older	By whom issued and signed: Irene Ponzo Edmo		Date Issued: 28 Jan. 76	Date Orig. Entry: ---
	Date of Birth: May 8, 1912	Birth Place: ---	Full Name of Mother: Dora Hammer Ponzo	Name of Father: Frank Ponzo	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Welch	Evidence reviewed by: md Margaret Davis	Date Filed: FEB - 4 1976

FORM BH 56067

FEB 5 1976

628-129-044-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-074

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmer William O'Byrne		2. Date Of Birth (month) (day) (year): APRIL 29 1912
	3. Color or Race	4. Sex: Male	5. Place of Birth a. County: Cambridge Idaho; b. City or Town of Birth: Cambridge Idaho
FATHER	6. Full Name of Father: Daniel Herbert O'Byrne		7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Anne Elizabeth McCauley		9. State or Country of Mother's Birth: Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer W O'Byrne	11. Present Address of Registrant: 570 Holt St Kamloops British Columbia Can.
NOTARY (Seal)	Subscribed and sworn to before me on July 24, 1975 ~~Elmer W O'Byrne~~ 19__	12. Signature of Notary: Jan L Merkle	13. Notary Commission expires does not expire 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Registration of Marriage	By whom issued and signed: Province of British Columbia	Date issued: 10/23/75	Date Orig. Entry: 12 Nov.1941
	Date of Birth: 29 years. Birth Place: Cambridge	Full Name of Mother: Annie Elizabeth McCaulley	Name of Father: Daniel Herbert O'Byrne	
SUPPORTING RECORD 2.	Type of Document: Transcript of Military Record	By whom issued and signed: N. Lemoine for Head Canadian Forces Record Centre	Date issued: 1/9/76	Date Orig. Entry: 7/9/42
	Date of Birth: 4/29/12 Birth Place: Cambridge	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Discharge Papers	By whom issued and signed: Canadien Army, Vancouver, BC	Date issued: Discharge 2/15/46	Date Orig. Entry: Inducted 9 July 42
	Date of Birth: 33 Years Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	FEB - 4 1976

FORM BH 56067

12-12-74

FEB 4 1976

255-202-035-949

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-340

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Daisy Senter			2. Date Of Birth (month) September (day) 2 (year) 1912
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: Idaho a. County: NezPerce	b. City or Town of Birth: Mohler
FATHER	6. Full Name of Father: Ross William Senter			7. State or Country of Father's Birth: Pone Nee, Oklahoma
MOTHER	8. Full Maiden Name of Mother: Etta Florence Rurey			9. State or Country of Mother's Birth: Rush City, Minn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Daisy Senter		11. Present Address of Registrant: 1142 Taylor Street Eugene, Oregon 97402
NOTARY (Seal)	Subscribed and sworn to before me on: June 8 19 76	12. Signature of Notary: Margaret M. Hulegaard		13. Notary Commission expires: My Commission Expires Mar. 19, 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record		By whom issued and signed: Doris Brown, County Recorder Lewis County	Date issued: 2/18/76	Date Orig. Entry: 1918
	Date of Birth: 6 years.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Bible Record		By whom issued and signed: Family Records	Date issued: 5/7/76	Date Orig. Entry: document is obviously old
	Date of Birth: Sept.2,1912	Birth Place: Mohler	Full Name of Mother: Florence E. Rurey	Name of Father: Ross Senter	
SUPPORTING RECORD 3.	Type of Document: Affidavit by midwife		By whom issued and signed: Ethel H. Ivie	Date issued: 6/2/76	Date Orig. Entry: ---
	Date of Birth: 9/2/12	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	JUN 17 1976

FORM BH 56067

JUN 18 1976

263-109-028-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76=343

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oscar Reynold Solberg	2. Date Of Birth (month) 4 (day) 9 (year) 1912
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Coeur d'Alene, Ida.	b. City, or Town of Birth: Coeur d'Alene, Idaho
FATHER	6. Full Name of Father: John Andrew Solberg	7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Josephine Larson	9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oscar R. Solberg; 11. Present Address of Registrant: 2710 W. Manor Pl. Apt 106 Seattle, Wn
NOTARY (Seal)	Subscribed and sworn to before me on: June 1 1976	12. Signature of Notary: Lester A. Dekkenn; 13. Notary Commission expires: 9-19- 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Life Insurance Policy	By whom issued and signed: Pacific Mutual Life Ins.	Date Issued: Jan.22,1946	Date Orig. Entry: Jan.22,1946
	Date of Birth: Apr.9,1912; Birth Place: Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: Ritzville, Washington Adams Co. Memorial Hospital	Date Issued: Sept.11,1955	Date Orig. Entry: Child born Sept. 11,1955
	Date of Birth: Apr.9,1912; Birth Place: Coeur d'Alene	Full Name of Mother: -------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family (at time of br.)	By whom issued and signed: Hazel J. Skog Age 73	Date Issued: Jun.1,1976	Date Orig. Entry: -------
	Date of Birth: Apr.9,1912; Birth Place: Coeur d'Alene,Ida	Full Name of Mother: Josephine Larson	Name of Father: John Andrew Solberg	
QUALIFYING INFORMATION				

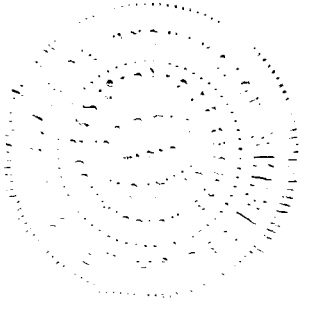
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	June 17, 1976

FORM BH 56067 1 cp Pd Rec #04327 5-14-76

JUN 17 1976



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619-204-030-442

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-369

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Irene Ward		2. Date Of Birth (month) 9 (day) 4 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Home Gilmore; b. City or Town of Birth: Gilmore
FATHER	6. Full Name of Father: Peter Joseph Ward		7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Ella Musgjerd		9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice I. Gordon	11. Present Address of Registrant: 10245 Des Moines Way S. Seattle Wa 98168
NOTARY (Seal)	Subscribed and sworn to before me on: July 2, 1976	12. Signature of Notary: William M. [illegible]	13. Notary Commission expires: Oct 27 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance application	By whom issued and signed: Metropolitan Life Insurance CO.	Date Issued: June 25, 1934	Date Orig. Entry: June 21, 1934
	Date of Birth: Sept. 4, 1912	Birth Place: Gilmore, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: School records Seattle Public Schools	By whom issued and signed: Seattle Public Schools	Date Issued: Apr. 8, 1976	Date Orig. Entry: Sept. 1926
	Date of Birth: Sept. 4, 1912	Birth Place: ---------	Full Name of Mother: ---------	Name of Father: Peter Ward
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin age 78	By whom issued and signed: Hazel Routsong	Date Issued: June 18, 1976	Date Orig. Entry: -----
	Date of Birth: Sept 4, 1912	Birth Place: Gilmore, Idaho	Full Name of Mother: Ella Musgjard	Name of Father: Peter J. Ward
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	July 8, 1976

FORM BH 56067

JUL 9 1975

699-130-036-435

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-377

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Henry Orison, Jr.
2. Date Of Birth (month) (day) (year): September 30 1912
3. Color or Race: white
4. Sex: Male
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Arbon
State: Idaho

FATHER

6. Full Name of Father: Charles Henry Orison
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Jean Ann McNeil
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Charles Henry Orison
11. Present Address of Registrant: 356 West 2nd North, Logan, Utah

NOTARY (Seal)

Subscribed and sworn to before me on 9 April 1976
12. Signature of Notary: Margaret C. Hickman Notary Public
13. Notary Commission expires: 18 Dec. 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt age 86	By whom issued and signed: Janett M. Bullock	Date Issued: Apr. 8, 1976	Date Orig. Entry: ---
	Date of Birth: Sept. 30, 1912 / Birth Place: Arbon, Idaho	Full Name of Mother: Jean Ann McNeil	Name of Father: Charles Henry Orison	
SUPPORTING RECORD 2.	Type of Document: Church membership record	By whom issued and signed: L.D.S. Church Logan 3rd Ward	Date Issued: ---	Date Orig. Entry: 1950
	Date of Birth: Sept 30, 1912 / Birth Place: Arbon, Idaho	Full Name of Mother: McNeil, Jean Ann	Name of Father: Orison, Charles Henry	
SUPPORTING RECORD 3.	Type of Document: Insurance policy application	By whom issued and signed: Beneficial Ife Insurance Co.	Date Issued: June 28, 1940	Date Orig. Entry: May 20, 1940
	Date of Birth: Sept 30, 1912 / Birth Place: Arbon, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	July 13, 1976

FORM BH 56067

JUL 1 3 1976

693-229-022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-397

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ola Luella Williams
2. Date Of Birth: (month) 7 (day) 29 (year) 12
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho Fremont
b. City or Town of Birth: Chester

FATHER

6. Full Name of Father: Jesse Raymond Williams
7. State or Country of Father's Birth: Kansas USA

MOTHER

8. Full Maiden Name of Mother: Laura Maria Williams
9. State or Country of Mother's Birth: Idaho Fremont

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ola Luella Williams
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on Oct. 20 - 1975
12. Signature of Notary: Ralph Litton
13. Notary Commission expires: Jan. 6 - 1976

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	Jesse Raymond Williams	14 Nov. 74	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 29, 1912	Chester	Laura Williams Williams	Jesse Raymond Williams

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Transcript from Driver's License application	Sheriff's Office Fremont County.	10/14/74	1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
7/29/12	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	L.D.S. Church	Sept 30, 1912	Sept. 30, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 29, 1912	Chester, Id.	Laura Williams Williams	Ray Williams

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Linda Cook	July 26, 1976

FORM BH 56067 NM

attached form 12-30-74 gml

JUL 27 1976

DECEASED

995-203-040-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-445

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Rinaldi			2. Date Of Birth (month) April (day) 3 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Kellogg, Idaho
FATHER	6. Full Name of Father: Peter Rinaldi			7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Italia D'Andrea			9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna R Block		11. Present Address of Registrant: 1072 E Rinaldi 99206
NOTARY (Seal)	Subscribed and sworn to before me on: August 19 1976	12. Signature of Notary: [signature]		13. Notary Commission expires: Nov. 22 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Navy Department Employee personnel action sheet	By whom issued and signed: J.Ball Captain (SC) USN	Date Issued: ---	Date Orig. Entry: Apr. 30, 1945
	Date of Birth: Apr.3,1912 / Birth Place: Kellogg, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: father's naturalization Paper	By whom issued and signed: United States of America	Date Issued: ---	Date Orig. Entry: Sept. 30, 1916
	Date of Birth: age 4 / Birth Place: ---	Full Name of Mother: ---	Name of Father: Peter Rinaldi	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Italia D'Andrea Rinaldi	Date Issued: Aug27,1976	Date Orig. Entry: aug27,1976
	Date of Birth: April3,1912 / Birth Place: Kellogg, Idaho	Full Name of Mother: Italia D'Andrea Rinaldi	Name of Father: Peter Dominic Rinaldi	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	lc Linda Cook	Aug. 31, 1976

FORM BH 56067

SEP 1 1976

US-4-214-033-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-457

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Violet DeMott
2. Date Of Birth (month) (day) (year): May 14, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Burton, Idaho, Madison
b. City or Town of Birth: Burton

FATHER

6. Full Name of Father: Orson Burgen DeMott
7. State or Country of Father's Birth: Portage County, Ohio

MOTHER

8. Full Maiden Name of Mother: Eliza Newell Rolobberry
9. State or Country of Mother's Birth: Tooele County, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary V. Millward
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: August 31 1976
12. Signature of Notary: Kenneth Hampton
13. Notary Commission expires: 6-20 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Census Marshal report	School district #1 Co. of Madison State of Idaho	Feb.1,1974	Sept.2,1924
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May14,1912 / ---	Eliza DeMott	Orson D. DeMott	
SUPPORTING RECORD 2.	record of blessing	family records	---	obv. old
	May14,1912 / Burton, Idaho	Eliza Rowberry	Orson DeMott	
SUPPORTING RECORD 3.	own child's birth certificate	State of Idaho	Sep.3,1976	childborn Aug. 26, 1939
	age 27 / Burton, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	lc Linda Cook	September 3, 1976

FORM BH 56067

9/20/76

SEP 7 1976

SS#406-003-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-478

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Dean Evans
2. Date Of Birth: (month) 6 (day) 6 (year) 12
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Arimo

FATHER

6. Full Name of Father: Alexander Evans
7. State or Country of Father's Birth: USA

MOTHER

8. Full Maiden Name of Mother: Isabel Jenkins
9. State or Country of Mother's Birth: Idaho USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Dean Evans
11. Present Address of Registrant: Arimo Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 11 1976
12. Signature of Notary: Harvey H Cole
13. Notary Commission expires: 4/4 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	application for insurance	Mutual Benefit Health and accident association	Sept, 14, 1937	Sept. 2, 1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June6, 1912 / Arimo, Idaho	--	--	
SUPPORTING RECORD 2.	application for insurance	Mutual of Omaha Insurance Company	May, 1967	Apr. 5, 1967
	June6, 1912 / Idaho	--	--	
SUPPORTING RECORD 3.	certificate of ordination to the Priesthood	LDS church	--	March 26, 1939
	June6, 1912 / Arimo, Idaho	ISABEL JENKINS	Alexander Evans	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

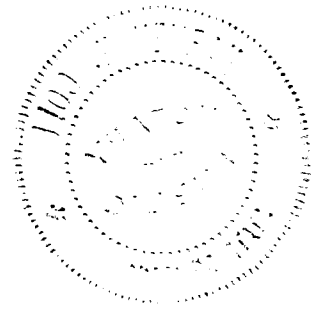
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Sept. 16, 1976

FORM BH 56067

2 pgs pd # 00426 9/7/76

SEP 2 7 1976

Evans



DELAYED

Dup 2 1912 8/48

842-206-044-361

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-482

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Beryl Hust		2. Date Of Birth (month) July (day) 6 (year) 1912
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho Washington; b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Seth Thomas Hust		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Laura Maud Coats Hust		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie Harris	11. Present Address of Registrant: 333 E. Galloway Weiser Ida
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 1974	12. Signature of Notary: [illegible]	13. Notary Commission expires: July 15 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: State of Idaho	Date Issued: --	Date Orig. Entry: Childborn Aug. 14, 1954
	Date of Birth: age 42	Birth Place: Weiser, Idaho	Full Name of Mother: —	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle age 86	By whom issued and signed: John Coats	Date Issued: Mar. 14, 1974	Date Orig. Entry: ---
	Date of Birth: July 6, 1912	Birth Place: Washington Co. Weiser, Idaho	Full Name of Mother: Laura Maude Coats	Name of Father: Seth Thomas Hust
SUPPORTING RECORD 3.	Type of Document: Marriage license application	By whom issued and signed: State of Nevada	Date Issued: Aug. 5, 1976	Date Orig. Entry: April 15, 1939
	Date of Birth: age 26	Birth Place: --	Full Name of Mother: --	Name of Father: --
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	lc Linda Cook	Sept. 20, 1976

FORM BH 56067 1cp pd rec # 02332

SEP 2 0 1976

154-216-029-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De76-526

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eunice Teresa Anderson		2. Date Of Birth (month) June (day) 16 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Troy, Idaho, Latah; b. City or Town of Birth: Troy, Idaho
FATHER	6. Full Name of Father: Thelen H. Anderson		7. State or Country of Father's Birth: ~~Lo~~ St. Paul, Minn.
MOTHER	8. Full Maiden Name of Mother: Amy S. Anderson		9. State or Country of Mother's Birth: Lowry, Minn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eunice Teresa Anderson	11. Present Address of Registrant: 612-60th St Everett Wash 98203
NOTARY (Seal)	Subscribed and sworn to before me on: July 29 1976	12. Signature of Notary: [signature]	13. Notary Commission expires: Oct 20 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Amy Wilson	Date issued: Sep.20,1976	Date Orig. Entry: --
	Date of Birth: June16,1912 / Birth Place: Troy, Idaho	Full Name of Mother: Amy ANderson	Name of Father: Thelen Hydroth Anderson	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: State of Minnesota	Date issued: May11,1972	Date Orig. Entry: child born July6,1941
	Date of Birth: age 29 / Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: school census report	By whom issued and signed: Pope County School District #72, Minnesota	Date issued: Aug.16,1976	Date Orig. Entry: 1924
	Date of Birth: June16,1912 / Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION				

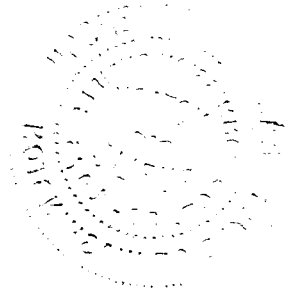
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Oct.14,1976

FORM BH 56067 142 Pd. Rec #10551 3-31-76

OCT - 4 1976



389-130-021-573

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-613

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Christensen			2. Date Of Birth (month) 7 (day) 30 (year) 1912	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County (Home): Minkcreek, Idaho, Franklin	b. City or Town of Birth: Mink Creek Idaho	
FATHER	6. Full Name of Father: Martin Christensen			7. State or Country of Father's Birth: Idaho Franklin County	
MOTHER	8. Full Maiden Name of Mother: Lula Christina Egley			9. State or Country of Mother's Birth: Idaho, Franklin County	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl Christensen		11. Present Address of Registrant: 195 Beryl Ave., Salt Lake City Utah 84115	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 22 19 76	12. Signature of Notary: Thomas O Carter		13. Notary Commission expires: 1/13/80 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt age 78		By whom issued and signed: Elvira T. McCarrel	Date Issued: Oct.26,1976	Date Orig. Entry: ---
	Date of Birth: July30,1912	Birth Place: Mink Creek, Id.	Full Name of Mother: Lula Egley Christensen	Name of Father: Martin Christensen	
SUPPORTING RECORD 2.	Type of Document: certificate of membership		By whom issued and signed: LDS CHURCH	Date Issued: Oct.14,1976	Date Orig. Entry: Sep.1,1912
	Date of Birth: July30,1912	Birth Place: Mink Creek, Id.	Full Name of Mother: Lula Christina Egley	Name of Father: Martin Christensen	
SUPPORTING RECORD 3.	Type of Document: marriage license		By whom issued and signed: State of Utah	Date Issued: Oct.18,1976	Date Orig. Entry: Nov.12,1936
	Date of Birth: age 24	Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Nov.26,1976

FORM BH 56067

1424 Del. # 02668

9/30/76

NOV 2 6 1976

249-216-028-252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-632

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethelyn Vera Smith
2. Date of Birth: (month) Jan. (day) 16 (year) 1912
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth: a. County Kootenai; b. City or Town of Birth: Coeurd' Alene

FATHER

6. Full Name of Father: Cassious Oscar Smith
7. State or Country of Father's Birth: Joplin Missouri

MOTHER

8. Full Maiden Name of Mother: Irma Avangeline Best
9. State or Country of Mother's Birth: Spooner Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethelyn Vera Smith
11. Present Address of Registrant: Orange Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: October 16 1976
12. Signature of Notary: Mary J. Carpenelli
13. Notary Commission expires: July 18 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by step-mother Age-76	Veda Smith	Nov. 20, 1976	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.16,1912	Coeur d'Alene	Irma Avangeline Best	Cassious Oscar Smith

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family record	Family	----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 16,1912	Coeurd'Alene	------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement from studio	Carl's Studio, Eugene, Ore.	Mar.16,1912	Mar. 16,1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 2 mo.	-----	Irma Smith	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	Dec. 8, 1976

FORM BH 56067

DEC 8 1976

(Witness – Individual)

TITLE INSURANCE AND TRUST
A TICOR COMPANY

STATE OF CALIFORNIA
COUNTY OF San Diego } SS.

On October 16, 1976, before me, the undersigned, a Notary Public, in and for said State, personally appeared Robert R. Conner, known to me to be the person whose name is subscribed to the within Instrument, as a Witness thereto, who being by me duly sworn, deposes and says: That he resides in San Diego County, where he was born February 18, 1898, California, and that he was present and saw Ethelyn Vera Smith, his cousin, personally known to him to be the same person described in and whose name is subscribed to the within and annexed instrument execute the same; and he acknowledged to said affiant that she executed the same; and that affiant subscribed his name thereto as a Witness to said execution. Robert R. Conner

WITNESS my hand and official seal.

Signature Mary J. Carpinelli

STAPLE HERE

OFFICIAL SEAL
MARY J. CARPINELLI
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires July 18, 1977

(This area for official notarial seal)

753-210-029-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-646

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GERTRUDE MARIAN PETERSON			2. Date Of Birth (month) (day) (year): OCTOBER 10 1912
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: LATAH	b. City or Town of Birth: PECK
FATHER	6. Full Name of Father: JESSE CARLETON PETERSON			7. State or Country of Father's Birth: INDIANA U.S.A.
MOTHER	8. Full Maiden Name of Mother: MARY ETHEL BUTLER			9. State or Country of Mother's Birth: PENNA. U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gertrude M. Patterson		11. Present Address of Registrant: 12880 10th STREET YUCAIPA, CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on: December 6, 19 76	12. Signature of Notary: Suzanne T. Ueda		13. Notary Commission expires: Feb. 10, 19 79

SUZANNE T. UEDA NOTARY PUBLIC — SAN BERNARDINO COUNTY My Commission Expires Feb. 10, 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics, WA	Date Issued: ---	Date Orig. Entry: child born Feb.11,1937
	Date of Birth: Age: 24	Birth Place: Peck	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt	By whom issued and signed: Gertrude Schmeider	Date Issued: Nov.5,1973	Date Orig. Entry: Nov.5,1973
	Date of Birth: Oct.10,1912	Birth Place: Peck	Full Name of Mother: Mary Ethel Butler Peterson	Name of Father: Jesse Carleton Peterson
SUPPORTING RECORD 3.	Type of Document: School record	By whom issued and signed: Superintendent Whitepine Sc. Dist. #284	Date Issued: Oct.16,1974	Date Orig. Entry: May,1927
	Date of Birth: Oct.10,1912	Birth Place: ---	Full Name of Mother: ---	Name of Father: J. C. Peterson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: Dec. 13, 1976

FORM BH 56067

DEC 1 4 1976

456-125-014-384

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:77-047

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Raymond Dewey			2. Date Of Birth (month) July (day) 25 (year) 1912	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Emmett	
FATHER	6. Full Name of Father: John Cyrus Dewey			7. State or Country of Father's Birth: Utah Box Elder	
MOTHER	8. Full Maiden Name of Mother: Nellie Lorena Thurman			9. State or Country of Mother's Birth: Utah Cache	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Dewey		11. Present Address of Registrant: Route 1 Emmett, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 6, 1977	12. Signature of Notary: Glenda Mae Larson		13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #202225		Date Issued: ----	Date Orig. Entry: child born May 4, 1932
	Date of Birth: July 25, 1912	Birth Place: Emmett, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: "The Descendants of Edward Moroni Thurman	By whom issued and signed: Copyright 1964 by Merna Thurman Madden		Date Issued: 1964	Date Orig. Entry: 1964
	Date of Birth: July 25, 1912	Birth Place: Emmett, Idaho Gem County	Full Name of Mother: Nellie Lorena Thurman	Name of Father: John Cyrus Dewey	
SUPPORTING RECORD 3.	Type of Document: Statement from Letha Ward Weiser Stake.	By whom issued and signed: Clyde L. Garner, Clerk		Date Issued: 1/31/77	Date Orig. Entry: Baptised 25 July 1920
	Date of Birth: 25 July 1912	Birth Place: Idaho	Full Name of Mother: Nellie Lorena Thurman	Name of Father: John Cyrus Dewey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	JAN 31 1977

FORM BH 56067

JAN 3 1 1977
MAR 1 5 2002

419-127-003-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-050

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DON CARLOS MARLEY			2. Date Of Birth (month) (day) (year): JANUARY 27 1912	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO BANNOCK	b. City or Town of Birth: MC CAMMON	
FATHER	6. Full Name of Father: JOSEPH MARLEY			7. State or Country of Father's Birth: WHALES	
MOTHER	8. Full Maiden Name of Mother: MARY DEBORAH STINGER			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Don C Marley		11. Present Address of Registrant: 804 E TIETAN WALLA WALLA, WA. 99362	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 1, 1977	12. Signature of Notary: J.L. Kimsey		13. Notary Commission expires: Feb. 13, 1978	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church, R.T. Hale, Bishop	Date Issued: Aug.14,1921	Date Orig. Entry: baptized July2,1921	
	Date of Birth: Jan.27,1912	Birth Place: McCammon, Idaho	Full Name of Mother: Mary Deborah Stinger	Name of Father: Joseph Marley	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Feb.3,1977	Date Orig. Entry: Dec.19,1941	
	Date of Birth: Jan.27,1912	Birth Place: McCammon, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Official copy College transcript	By whom issued and signed: University of Idaho, Moscow, ID	Date Issued: May10,1937	Date Orig. Entry: June8,1936	
	Date of Birth: Jan.27,1912	Birth Place: McCammon, Idaho	Full Name of Mother: Mary Marley	Name of Father: Joseph Marley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: FEB 04 1977

FORM BH 56067

FEB 7 1977

296230-022-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-079

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Merle Kroll
2. Date Of Birth (month) (day) (year): March 30 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho, Fremont
b. City or Town of Birth: Sugar City

FATHER

6. Full Name of Father: Carl Martin Kroll
7. State or Country of Father's Birth: Mt Pleasant Utah Sanpete County

MOTHER

8. Full Maiden Name of Mother: Mary Jane Thomas
9. State or Country of Mother's Birth: Wellsville, UT - Cache County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Merle K. Hale Kroll
11. Present Address of Registrant: Box 533 Clearfield, UT

NOTARY (Seal)

Subscribed and sworn to before me on: July 22, 1976
12. Signature of Notary: Troy Lyley
13. Notary Commission expires: My Commission Expires April 29, 1978 July 23,

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Idaho	July 19,1976	Child born Dec.30,1935
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 23 / Sugar City, Id.	--	--	
SUPPORTING RECORD 2.	Church certificate of birth	LDS Church	Nov.24,1976	Nov.6,1921
	Mar.30,1912 / Sugar City, ID	Mary J. Thomas	Carl Kroll	
SUPPORTING RECORD 3.	copy of Application for SS#	Treasury Department, IRS	Jan.25,1977	Feb.5,1969
	Mar.30,1912 / Sugar City, Idaho	Mary Jane Thomas	Carl Martin Kroll	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: lc/cc Colleen Cunningham
Date Filed: FEB 23 1977

FORM BH 56067

FEB 2 4 1977

795-120-024-522

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-088

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Franklin Greenfield			2. Date Of Birth (month) June (day) 20 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Gooding
FATHER	6. Full Name of Father: John Franklin Greenfield			7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Ida May Ess			9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles F. Greenfield		11. Present Address of Registrant: 203 N Grove, Missoula
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 23 1977	12. Signature of Notary: Kathryn Lobdell		13. Notary Commission expires: April 1 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military discharge papers		By whom issued and signed: U.S. Army	Date Issued: Oct,16,1945	Date Orig. Entry: inducted June3,1942
	Date of Birth: June20,1912	Birth Place: Gooding, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: School record		By whom issued and signed: Joy B. Clarke, Registrar Victor High School, Victor,MT	Date Issued: Feb.21,1977	Date Orig. Entry: Sept.,1925
	Date of Birth: Age: 13	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Marriage license		By whom issued and signed: Missoula county, Montana	Date Issued: June14,1951	Date Orig. Entry: June14,1951
	Date of Birth: Age: 38	Birth Place: Gooding, Idaho	Full Name of Mother: Ida Ess	Name of Father: John Greenfield	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

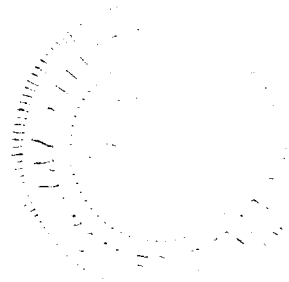
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Jean M. Ellis	cc Colleen Cunningham	FEB 28 1977

FORM BH 56067

2-15

MAR 1 1977



893-229-016-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-118

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bertha Fern Hill
2. Date Of Birth (month) (day) (year): March 29 1912
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Burley, Idaho

FATHER

6. Full Name of Father: Franklin Isaac Hill
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Bertha Phippen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fern H. Hunter
11. Present Address of Registrant: Rte 2 Rupert Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Feb 16, 1977
12. Signature of Notary: Doyle Lowder
13. Notary Commission expires: Life 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	June12,1912	blessed June12,1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.29,1912	Burley, Idaho	Bertha Phippen	Frank I. Hill

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School record	R. Baker, secretary, Burley High School, Burley Idaho	Dec.17,1976	Sept.1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.29,1912	----	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate on file Idaho#284826		---	child born Sep.29,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 27	Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

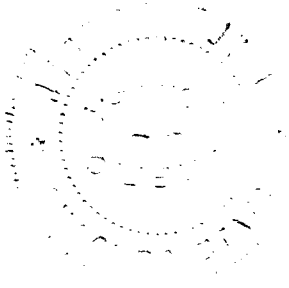
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 18 1977

FORM BH 56067

Pd. Pd. # 07160 12/1/76

MAR 2 1 1977



619-207-042-271

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE-77-159
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Buhl
(c) Street Address or R F D No. R. 4. 5.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Fal
(c) City Buhl
(d) Street Address or R.F.D. No. R. 4. 5.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Buhl

3. **RESIDENCE OF FATHER** (city, state) Buhl

4. **FULL NAME OF CHILD** Doris Winifred Ward.

5. Date of Birth (Month, day, year) Feb. 7- 1917

6. Sex. F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** C. E. Ward.

11. Color or Race W.

12. Age at time of THIS birth 27 yrs.

13. Birthplace Mich. (City or town) (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vida E Drake

17. Color or Race W.

18. Age at time of THIS birth 23 years

19. Birthplace B (City or town) Mo. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argyrol.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Vida Ward (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** J. W. Merkley M.D. or (D.O., Midwife, etc.)
and address Twin Falls. Date 7-30-41

26. (a) APR 4 1977 (Date received) (b) Janet M. Wick (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

154-203-004-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-248

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MILDRED LOUYNE ANDERSON			2. Date Of Birth (month) (day) (year): 11/23/12
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: MONTPELIER, Bear Lake	b. City or Town of Birth: MONTPELIER, IDAHO
FATHER	6. Full Name of Father: HIRAM ANDERSON			7. State or Country of Father's Birth: UTAH, U.S.A.
MOTHER	8. Full Maiden Name of Mother: JEAN NEWBY			9. State or Country of Mother's Birth: ENGLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Louyne Anderson		11. Present Address of Registrant: 111 LYNN DARR DRIVE MARTINEZ, CA. 94553
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 16, 1977 19___	12. Signature of Notary: Jeanne P. Simpson		13. Notary Commission expires: JEANNE P. SIMPSON NOTARY PUBLIC — CALIFORNIA COUNTY OF CONTRA COSTA My Commission Expires Dec. 4, 1977 19 77

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism	By whom issued and signed: Grace Episcopal Church Martinez, CA	Date Issued: May24,1977	Date Orig. Entry: Baptized Sep.23,1945
	Date of Birth: Nov.23,1912	Birth Place: Montpelier, ID	Full Name of Mother: Jean Newby Anderson	Name of Father: Hiram Anderson
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Connecticut General Life Ins. Co., Hartford, Connecticut	Date Issued: May24,1977	Date Orig. Entry: Nov.16,1955
	Date of Birth: Nov.23,1912	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: United States Passport	By whom issued and signed: Secretary of State, U.S.A.	Date Issued: May26,1969	Date Orig. Entry: May26,1969
	Date of Birth: Nov.23,1912	Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wicks	Evidence reviewed by: Colleen Cunningham	Date Filed: MAY 24 1977

MAY 26 1977

253-130-028-957

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-249

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVERETT LLOYD SELDEN	2. Date Of Birth (month) 12 (day) 30 (year) 1912
	3. Color or Race: WHITE; 4. Sex: M; 5. Place of Birth a. County: Kootenai Coeur d'Alene, Ida	b. City, or Town of Birth: Coeur d'Alene Ida.
FATHER	6. Full Name of Father: ARTHUR L SELDEN	7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: EMMA INGERLUND	9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Everett L Selden; 11. Present Address of Registrant: [illegible] Westview Spokane Wa 99208
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1977	12. Signature of Notary: [illegible]; 13. Notary Commission expires: June 1 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Washington	Apr.5,1977	child born Sep.16,1947
	Date of Birth: Age: 34; Birth Place: Coeur d'Alene, ID	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Marriage Certificate	Spokane County, Washington	Apr.6,1977	Oct.12,1938
	Date of Birth: Age: 25; Birth Place: Idaho	Full Name of Mother: Emma Ingerlund	Name of Father: A.L. Selden	
SUPPORTING RECORD 3.	insurance application	New York Life Ins.Co.,NY,NY	May25,1977	May6,1946
	Date of Birth: Dec.30,1912; Birth Place: Coeur d'Alene,ID	Full Name of Mother: Emma Selden	Name of Father: ------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAY 25 1977

FORM BH 56067

MAY 2 6 1977

463-131-035-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-251

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Archie Deveril Doty		2. Date Of Birth (month) 3 (day) 31 (year) 12	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: NEZ PERCE	b. City or Town of Birth: SWEETWATER
FATHER	6. Full Name of Father: Matthew Walker Doty		7. State or Country of Father's Birth: Washington	
MOTHER	8. Full Maiden Name of Mother: Ada Ellen Goucher		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Archie D. Doty	11. Present Address of Registrant: Clarkston, Washington 99403 2025 Bridget Drive	
NOTARY (Seal)	Subscribed and sworn to before me on: MARCH 21st, 19 77	12. Signature of Notary: [illegible]	13. Notary Commission expires: NOVEMBER 10th, 19 80	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized copy School record		By whom issued and signed: School District #46, NezPerce county, school census marshal	Date Issued: 11Jan10,1977	Date Orig. Entry: Sep.9,1918
	Date of Birth: Age: 6	Birth Place: ----	Full Name of Mother: ----	Name of Father: Mat Doty	
SUPPORTING RECORD 2.	Type of Document: Military discharge papers		By whom issued and signed: U. S. Army	Date Issued: Oct.27,1945	Date Orig. Entry: enlisted Mar.15,1942
	Date of Birth: Mar.31,1912	Birth Place: Sweetwater, ID	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Application for SS#538059577		By whom issued and signed: Treasury Department, IRS	Date Issued: May16,1977	Date Orig. Entry: Jan.7,1939
	Date of Birth: Mar.31,1912	Birth Place: Sweetwater, ID	Full Name of Mother: Ada Ellen Goucher	Name of Father: Matthew Walker Doty	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

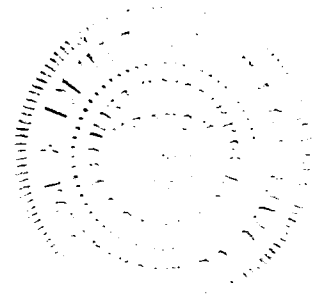
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAY 26 1977

FORM BH 56067

ICC#10378

3-8-77

MAY 2 5 1977



544-20-033-157

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-255

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Laurel A. Eddington
2. Date Of Birth: (month) July (day) 20 (year) 1912
3. Color or Race: white
4. Sex: Male
5. Place of Birth: a. County: Madison; b. City or Town of Birth: Salem

FATHER

6. Full Name of Father: James Lorenzo Eddington
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Linda Anderson Laurel A Eddington
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: LA Eddington
11. Present Address of Registrant: 1316 3rd Ave No, Great Falls Montana

NOTARY (Seal)

Subscribed and sworn to before me on: May 23 19 77
12. Signature of Notary: Roger L Clinton
13. Notary Commission expires: August 19 19 81

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Voter Registration	Annie Lee, Deputy, Cascade County, Montana	May23,1977	Apr.22,1960
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July20,1912 / Idaho	--------	-------	
SUPPORTING RECORD 2.	Affidavit by father	James L. Eddington	May20,1977	May20,1977
	July20,1912 / Salem, Idaho	Mary L. Anderson	James L. Eddington	
SUPPORTING RECORD 3.	Church record	LDS Church	May27,1977	baptized July20,1920
	July20,1912 / Salem, Idaho	Mary L. Anderson	James L. Eddington	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	Colleen Cunningham	MAY 27 1977

FORM BH 56067

MAY 3 1 1977

DELAYED

Dup of 1912-7532

485-105-002-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-77-331

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Otto Walter Myers		2. Date Of Birth (month) Feb. (day) 5 (year) 1912
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Idaho a. County: Adams b. City or Town of Birth: Indian Valley
FATHER	6. Full Name of Father: Leonard Myers		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Almana Woods		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Otto W. Myers	11. Present Address of Registrant: Rt.1 Box 115 A Star, Idaho 83669
NOTARY (Seal)	Subscribed and sworn to before me on: August 1 1975	12. Signature of Notary: "Sue" Nora Lowe	13. Notary Commission expires: Sept. 18 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

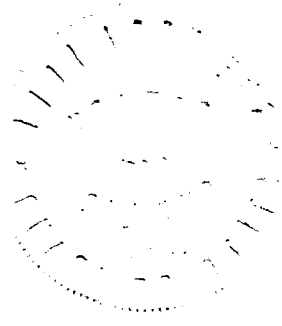
SUPPORTING RECORD 1.	Type of Document: Marriage License Affidavit	By whom issued and signed: State of Idaho	Date Issued: 27 Dec.32	Date Orig. Entry: 27 Dec. 32
	Date of Birth: 20 years. Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 85	By whom issued and signed: Cora Woods	Date Issued: 7 August 75	Date Orig. Entry: ---
	Date of Birth: Feb.5,1912 Birth Place: Indian Valley	Full Name of Mother: Almana Woods	Name of Father: Leonard Myers	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file Idaho # 229492	Date Issued: ------	Date Orig. Entry: child born Jan.16,1935
	Date of Birth: age 23 Birth Place: Indian Valley,Ida	Full Name of Mother: -------	Name of Father: ---------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Florence Curtright	July 13, 1977

FORM BH 56067 1 cy. Pd. Rec # 14426



036-224-029-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-335

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Eleanor Blood
2. Date Of Birth: (month) August (day) 24 (year) 1912
3. Color or Race: white
4. Sex: fem.
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Rural

FATHER

6. Full Name of Father: Frederick Hall Blood
7. State or Country of Father's Birth: California

MOTHER

8. Full Maiden Name of Mother: Anna Katherine Twietmeyer
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy E. Walker
11. Present Address of Registrant: Rt. 1 Box 60 Viola, Id. 83872

NOTARY (Seal)

Subscribed and sworn to before me on 3/22/ 1977

12. Signature of Notary: H Weldon
13. Notary Commission expires: Life 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Hospital statement	Gritman Mem. Hosp, Moscow, ID	Mar. 28, 1977	Oct. 15, 1968
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 24, 1912 / ----	-----	-----	
SUPPORTING RECORD 2.	Own child's birth certificate	Idaho S.F.#49-4664	on file	child born Apr. 9, 1949
	Age: 36 / Latah county, ID	-----	-----	
SUPPORTING RECORD 3.	Application for SS#519528072	Treasury Department, IRS	July 11, 1977	Feb. 7, 1963
	Aug. 24, 1912 / Latah County, ID	Anna Joanna Katherine Twietmeyer	Fredrick Hall Blood	

QUALIFYING INFORMATION

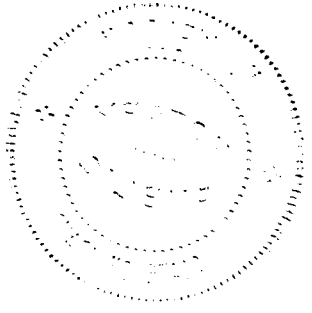
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: JUL 19 1977

FORM BH 56067

JUL 2 0 1977



864-122 1036-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-341

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Stewart LeGrande Young
2. Date Of Birth (month) (day) (year): 3 22 12
3. Color or Race: Caucasian
4. Sex: Male
5. Place of Birth a. County: Rockland (Home) Onieda
b. City or Town of Birth: Rockland, Idaho

FATHER

6. Full Name of Father: Hyrum S. Young
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lucy E. Muir
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Stewart L Young
11. Present Address of Registrant: 5123 N. 61st Avenue Glendale, AZ 85301

NOTARY (Seal)

Subscribed and sworn to before me on July 1 19 77

12. Signature of Notary: Grayce L Wisely
13. Notary Commission expires: My Commission Expires Feb. 9, 1981 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized copy Marriage license	Davis County, Utah	Mar.10,1971	Nov.27,1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 34	-----	------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Aug.4,1912	blessed on Aug.4,1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.22,1912	Rockland, Idaho	Lucy Muir	Hyrum Young

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file Idaho #443776	on file	child born Oct.14,1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 35	Rockland, Idaho	--------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

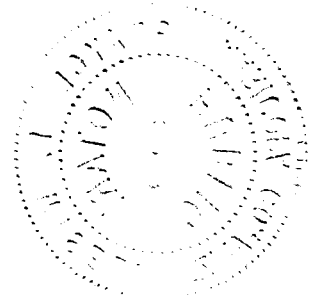
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUL 21 1977

FORM BH 56067

Young

JUL 22 1977

JUL 22 1977



966-202-010-194

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-350

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dora Rowberry
2. Date Of Birth (month) (day) (year): October 2, 1912
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Iona

FATHER

6. Full Name of Father: Harold Edward Rowberry
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Della Armstrona
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dora Rowberry Orme
11. Present Address of Registrant: Rt. 4, Box 471 Idaho Falls Idaho 83401

NOTARY (Seal)

Subscribed and sworn to before me on July 18 19 77

12. Signature of Notary: [signature]
13. Notary Commission expires: Lifetime 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	on file Idaho #305153	on file	child born Dec.8, 1940
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 28 / Iona, Idaho	------	------	
SUPPORTING RECORD 2.	Affidavit by mother, age 83	Della Rowberry	Apr.12,1977	Apr.12,1977
	Oct.2,1912 / Iona, Idaho	Della Armstrong	Harold Edward Rowberry	
SUPPORTING RECORD 3.	Hospital record	Idaho Falls Hospital, Idaho Falls, Idaho	Apr.8,1977	May4,1967
	Oct.2,1912 / -------	-------	-------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 25 1977

FORM BH 56067

JUL 26 1977

845-221-026-246

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-359

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Wanda Hunsaker	2. Date Of Birth (month) Sept. (day) 21 (year) 1912
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: a. County Lorenzo Jefferson	b. City or Town of Birth: Lorenzo
FATHER	6. Full Name of Father: John L. Hunsaker	7. State or Country of Father's Birth: Brigham - Box Elder - Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Theresa Smout (Nielson)	9. State or Country of Mother's Birth: Slatersville - Jefferson - Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene Wanda Hunsaker Byington; 11. Present Address of Registrant: Star Rt. Box 29D Ririe, Id.
NOTARY (Seal)	Subscribed and sworn to before me on: Mar 15 1977	12. Signature of Notary: Raul Ray Byington; 13. Notary Commission expires: March 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by relative, age86	By whom issued and signed: Orian Smout	Date issued: July1,1977	Date Orig. Entry: July1,1977
	Date of Birth: Sep.21,1912; Birth Place: Lorenzo, Idaho	Full Name of Mother: Sarah Theresa Smout	Name of Father: John L. Hunsaker	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #326421	Date issued: on file	Date Orig. Entry: child born Nov.18,1941
	Date of Birth: Age: 29; Birth Place: Lorenzo, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Church record	By whom issued and signed: LDS Church	Date issued: July27,1977	Date Orig. Entry: baptized Aug.5, 1922
	Date of Birth: Sep.21,1912; Birth Place: Lorenzo, Idaho	Full Name of Mother: Sarah Theresa Smout	Name of Father: John L. Hunsaker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUL 29 1977

FORM BH 56067 K 1 copy DC # 07579 & #335-21 - 12/17/74 12-14-76

AUG 3 1977

DECEASED

231-120-006-856

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-360

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VICTOR H. BLAIR
2. Date of Birth (month) AUGUST (day) 20 (year) 1912
3. Color or Race: CAUCASIAN
4. Sex: M
5. Place of Birth a. County: BINGHAM
b. City or Town of Birth: BLACKFOOT IDAHO

FATHER

6. Full Name of Father: ALBERT EDWARD BLAIR
7. State or Country of Father's Birth: LONDON, ENGLAND

MOTHER

8. Full Maiden Name of Mother: RUTH C. HEWARD
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Victor H. Blair
11. Present Address of Registrant: [illegible] Salt Lake City

NOTARY (Seal)

Subscribed and sworn to before me on June 29 1977

12. Signature of Notary: Mel Salisbury
13. Notary Commission expires: 12/18 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother, age 88	Ruth C. Heward Blair	June24,1977	June24,1977
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.20,1912 / Blackfoot, Idaho	Ruth C. Heward	Albert E. Blair	
SUPPORTING RECORD 2.	Military discharge	U.S. Marine Corps	Dec.4,1945	enlisted Sep.4,1942
	Aug.20,1912 / Blackfoot, Idaho	---	---	
SUPPORTING RECORD 3.	Church certificate of birth	LDS Church	June29,1977	Dec.1,1912
	Aug.20,1912 / Blackfoot, Idaho	Ruth Heward	A.E. Blair	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: JUL 29 1977

FORM BH 56067

JUL 29 1977

613-217-028-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-393

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Erma Walden

2. Date Of Birth: (month) March (day) 17 (year) 1912

3. Color or Race: White

4. Sex: Female

5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Coeur d'Alene

FATHER

6. Full Name of Father: Percy Bertram Walden

7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Emma Eliza Walton

9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Erma Walden Kuckbeg

11. Present Address of Registrant: 6503 Holiday Drive, Boise, Idaho 83705

NOTARY (Seal)

Subscribed and sworn to before me on: June 3 1977

12. Signature of Notary: Theresa Cartright

13. Notary Commission expires: 4-20 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	on file - Idaho - # 55-4994	------	child born Apr. 13,1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 43	Coeur d'Alene	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record Transcript	Coeur d'Alene Sr. High School	----	School year 1930-31

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.17,1912	Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application For Social Security Number	Treasury Department, IRS	June20,1977	Dec.5,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.17,1912	Coeur d'Alene,ID	Emma Eliza Walton	Percy Bertram Walden

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wicks

Evidence reviewed by: fc Colleen Cunningham

Date Filed: AUG 18 1977

FORM BH 56067

12-31-76

Wickberg

DEC 18 1977

819-130-001-568

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 77-448

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Anton Martin Harle
2. Date Of Birth (month) (day) (year): September 30 1912
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Meinrad Harle
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Cunegunda Voyer
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Anton M Harle
11. Present Address of Registrant: 207 Cleveland Blvd

NOTARY (Seal)

Subscribed and sworn to before me on: September 22, 1977
12. Signature of Notary: Glenda M. Larson
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism	Roman Catholic Church	Sep.22,1977	baptized Oct.26,1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.30,1912	------	Cunegunda Voyer	Meinrad Harle

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	Family	-------	original obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.30,1912	Boise, Idaho	Cunegunda Voyer	Meinrad Harle

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Army Discharge	U. S. Army	Oct.17,1945	Entered Sept.19,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.30,1912	Boise,Idaho	----------	----------

QUALIFYING INFORMATION

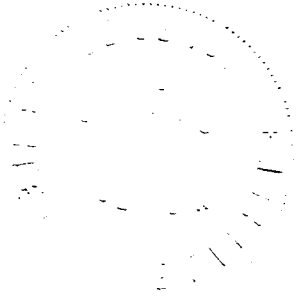
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Florence Curtright	Sept. 30,1977

FORM BH 56067

ICC# 730



389-107-024-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:77-453

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Farrell Christopherson
2. Date Of Birth: (month) October (day) 7 (year) 1912
3. Color or Race: Cau.
4. Sex: Male
5. Place of Birth: a. County: Gooding; b. City or Town of Birth: Hagerman

FATHER

6. Full Name of Father: Oscar William Christopherson
7. State or Country of Father's Birth: Norway

MOTHER

8. Full Maiden Name of Mother: Emily Magnusson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Farrell Christopherson
11. Present Address of Registrant: 4220 Bethel St.

NOTARY (Seal)

Subscribed and sworn to before me on October 3 1977

12. Signature of Notary: Margaret L. Davis
13. Notary Commission expires: Lifetime 19___

APPLICANT DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother	Emily Christopherson	13 Mar.44	--
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.7,1912 / Hagerman	Emily Christopherson	Oscar William Christopherson	
SUPPORTING RECORD 2.	Insurance Policy Application	Idaho Mutual Benefit Assoc.	31/10/45	
	Oct.7,1912 / Hagerman	---	---	
SUPPORTING RECORD 3.	Own child's birth certificate	Issued by State of Idaho #63-13394	10/3/77	child born 11/30/63
	51 yrs. / Hagerman	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Margaret Davis
Date Filed: OCT 3 1977

FORM BH 56067

OCT 3 1977

855-222-040-811

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-486

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Hilda (AKA Hentrikson) Hendrickson
2. Date Of Birth: (month) June (day) 22 (year) 1912
3. Color or Race: WHITE
4. Sex: Female
5. Place of Birth: a. County: Larson Shoshone; b. City or Town of Birth: Larson Idaho

FATHER

6. Full Name of Father: Slyvester Hendrickson
7. State or Country of Father's Birth: Finland — (Russia)

MOTHER

8. Full Maiden Name of Mother: Annie L. Haapala
9. State or Country of Mother's Birth: Finland — (Russia)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary H Lunen
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on January 21 19 77

12. Signature of Notary: Dorothy Gribble
13. Notary Commission expires: June 5 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor, age 88	Arthur J. Harwood	Jan.11,1977	Jan.11,1977

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June22,1912	Larson, Idaho	Annie Haapala	Slyvester Hendrickson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of naturalization	United States of America	Oct.25,1913	Oct.25,1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 1	-----	Annie Hentrikson	Wester Hentrikson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census report, 1920	U.S. Department of Commerce	Aug.18,1977	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 7	Idaho	Anna Hendrickson	Vester Hendrickson

QUALIFYING INFORMATION

Own child's birth certificate (Nathaniel Albert Lunen) lists mother's place of birth as Larson, Idaho. Child born February 23, 1929, in Wallace, Idaho. #170060.

REGISTRAR'S CERTIFICATION (seal)

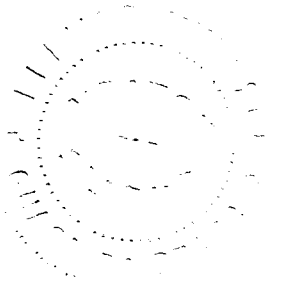
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wisk	cc Colleen Cunningham	OCT 28 1977

FORM BH 56067

1-18-77

OCT 31 1977



619-211-016-968

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-495

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Cynthia Ward		2. Date Of Birth (month) Sept. (day) 11 (year) 1912
	3. Color or Race: Wt.	4. Sex: F	5. Place of Birth a. County: Idaho Cassia; b. City or Town of Birth: Declo.
FATHER	6. Full Name of Father: George David Ward		7. State or Country of Father's Birth: Elba Cassia, Idaho.
MOTHER	8. Full Maiden Name of Mother: Laura Amelia Rohlfing		9. State or Country of Mother's Birth: Brooklyn, Kings, New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene C. W. Anderson	11. Present Address of Registrant: 695 N. 700 W. Provo Utah
NOTARY (Seal)	Subscribed and sworn to before me on: October 31 1977	12. Signature of Notary: Thora L. Shaw	13. Notary Commission expires: 2/23 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism/Conf.	LDS Church	Nov.3,1977	baptized Sep.11,1920
	Date of Birth: Sep.11,1912; Birth Place: Declo, Idaho	Full Name of Mother: Laura A. Rohlfing	Name of Father: George D. Ward	
SUPPORTING RECORD 2.	Patriarchal blessing	Hyrum G. Smith, Patriarch	Oct.25,1977	blessed Apr.5,1929
	Date of Birth: Sep.11,1912; Birth Place: Declo, Idaho	Full Name of Mother: Laura Amelia Rohlfing	Name of Father: George David Ward	
SUPPORTING RECORD 3.	Marriage license application	Cache County, Utah	Oct.18,1977	Jan.5,1977
	Date of Birth: Sep.11,1912; Birth Place: Declo, Idaho	Full Name of Mother: Laura A. Rohlfing	Name of Father: Geo. D. Ward	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

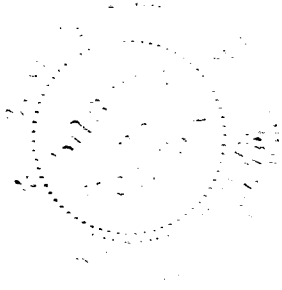
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	NOV 04 1977

FORM BH 56067 ICC # 10601

NOV 7 1977

APR 1 4 2010



632-124-036-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-568

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazen Traveller Olsen
2. Date Of Birth (month) (day) (year): Dec 24 1912
3. Color or Race: white
4. Sex: M
5. Place of Birth a. County: Oxford, Oneida
b. City or Town of Birth: Oxford, Idaho

FATHER

6. Full Name of Father: Christopher John Olsen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mildred Caroline Traveller
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazen Traveller Olsen
11. Present Address of Registrant: 3210 Sunnyside Idaho Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Dec. 7 1977
12. Signature of Notary: Leon Hemingway
13. Notary Commission expires: May 25 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church membership record	LDS Church	May13,1977	blessed Junel,1913
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.24,1912 / Oxford, Idaho	Mildred Caroline Traveller	Christopher John Olsen	
SUPPORTING RECORD 2.	Own child's birth certificate	on file Idaho #53-11296	on file	child born Sep.30,1953
	Age: 40 / Oxford, Idaho	------	------	
SUPPORTING RECORD 3.	Insurance application	Mutual Life Ins. Co. Of N Y	Dec.27,1977	Apr.10,1947
	Dec.24,1912 / Oxford, Idaho	-------	-------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 27 1977

FORM BH 56067

ICC # 11606

11-25-77

DEC 2 8 1977

243-125-003-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-005

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EDWIN KENNETH BULLOCK
2. Date Of Birth (month) DEC. (day) 25 (year) 1912
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: McCammon BANNOCK
b. City or Town of Birth: McCammon, IDAHO

FATHER

6. Full Name of Father: WILLARD Edwin Bullock
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: MABEL SARAH BARROW
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edwin K. Bullock
11. Present Address of Registrant: Rt 3 Box 208A Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on November 14 19 77
12. Signature of Notary: Robert L. Thompson
13. Notary Commission expires: January 24 19 81

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church membership	LDS Church	Oct.10,1975	blessed Apr.13,1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.25,1912	McCammon , Idaho	Mabel Barrows	Willard E. Bullock

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor/teacher	Evalyn H. Thornock, age 75	Dec.17,1977	Dec.17,1977

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.25,1912	McCammon, Idaho	Mabel Sarah Bullock	Willard Edwin Bullock

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Union Pacific Railroad	T.C.Jellison, Supt. UPR	Dec.28,1977	Sep.29,1969

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.25,1912	McCammon, ID	-------	-------

QUALIFYING INFORMATION

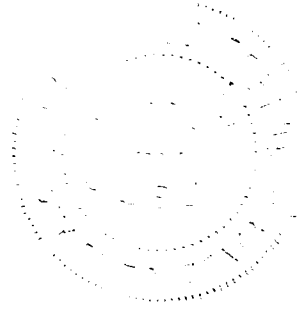
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wiske
Evidence reviewed by: cc/cc Colleen Cunningham
Date Filed: JAN 03 1978

FORM BH 56067

JAN 4 1978



792-201-028-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-111

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marian Elizabeth Gibbs		2. Date Of Birth (month) (day) (year): June 1 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Hauser Lake
FATHER	6. Full Name of Father: Guy Leslie Gibbs		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Florence Otta Branscombe		9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marian Reedy	11. Present Address of Registrant: Troy Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 16 19 77	12. Signature of Notary: BJ Swanson	13. Notary Commission expires: 6-3 19 78

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census report, 1920		By whom issued and signed: U.S. Department of Commerce	Date Issued: Feb.18,1976	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Florence Gibbs	Name of Father: Guy L. Gibbs	
SUPPORTING RECORD 2.	Type of Document: Moscow, Idaho Employment application		By whom issued and signed: Latah Convalescent Center,Inc.	Date Issued: Mar.15,1978	Date Orig. Entry: Sept.1,1969
	Date of Birth: June1,1912	Birth Place: ----------	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at birth,age 87		By whom issued and signed: Mrs. John McGonigle	Date Issued: 6/1/77	Date Orig. Entry: 6/1/77
	Date of Birth: June1,1912	Birth Place: Hauser Lake, ID	Full Name of Mother: Florence Branscombe	Name of Father: Guy L. Gibbs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

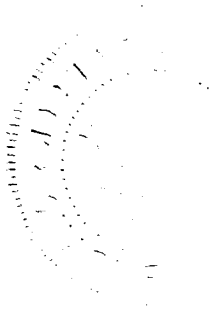
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 17 1978

FORM BH 56067

LOC # 21737

MAR 20 1978



967-130-016-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-129

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grant Theo Roper			2. Date Of Birth (month) 8 (day) 30 (year) 1912
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Albion Idaho. Cassia	b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: George Albert Roper			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Charlotte Pearl Lewis			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grant Theo Roper		11. Present Address of Registrant: Grantsville, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: April 3 1979	12. Signature of Notary: Neal O Lloyd		13. Notary Commission expires: 4-15-82 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: Apr.5,1979	Date Orig. Entry: blessed Dec.1,1912
	Date of Birth: Aug.30,1912	Birth Place: Albion, ID	Full Name of Mother: Charlotte P. Lewis	Name of Father: George Albert Roper	
SUPPORTING RECORD 2.	Type of Document: Certificate of ordination	By whom issued and signed: LDS Church		Date Issued: Sep.16,1923	Date Orig. Entry: Aug.5,1923
	Date of Birth: Aug.20,1912	Birth Place: Abion, Idaho	Full Name of Mother: Charlotte Lewis	Name of Father: George A. Roper	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister,age 77	By whom issued and signed: Edna Bird		Date Issued: Apr.2,1979	Date Orig. Entry: Apr.2,1979
	Date of Birth: Aug.30,1912	Birth Place: Albion, Idaho	Full Name of Mother: Charlotte Pearl Lewis	Name of Father: George Albert Roper	
QUALIFYING INFORMATION					

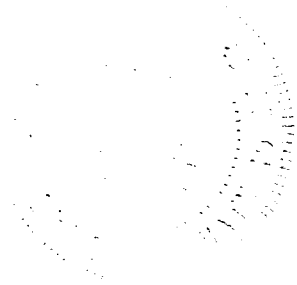
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	APR 06 1979

FORM BH 56067 IC 7272

APR 9 1979



162-207-022-156

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-147

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Luella Janeal Josephson		2. Date Of Birth (month) July (day) 7 (year) 1912
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Fremont; b. City or Town of Birth: Parker Idaho
FATHER	6. Full Name of Father: Clarence Benjt. Josephson		7. State or Country of Father's Birth: Malad Idaho Oneida Co
MOTHER	8. Full Maiden Name of Mother: Luella Annie Jeffs		9. State or Country of Mother's Birth: Emery County Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Luella Janeal Thompson	11. Present Address of Registrant: R#1 St. Anthony Ida
NOTARY (Seal)	Subscribed and sworn to before me on 3/12 1979	12. Signature of Notary: [signature]	13. Notary Commission expires: Life 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date issued: Sep.1,1912	Date Orig. Entry: blessed Sep.1,1912
	Date of Birth: July7,1912 / Birth Place: Parker, ID	Full Name of Mother: Luella Jeffs	Name of Father: Clarence Josephson	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date issued: Aug.1,1920	Date Orig. Entry: baptized ~~July31,1920~~
	Date of Birth: July7,1912 / Birth Place: Parker, Idaho	Full Name of Mother: Luella Jeffs	Name of Father: Clarence Josephson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #446992	Date issued: on file	Date Orig. Entry: child born Nov.28,1947
	Date of Birth: Age: 35 / Birth Place: Parker, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	APR 23 1979

FORM BH 56067 1cc + 1card #11228 11-29-78

Thompson

APR 27 1979

263-219-040-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 79-222

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Sophia Solum		2. Date Of Birth (month) (day) (year): January 19, 1912
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Wallace, Idaho
FATHER	6. Full Name of Father: John Carl Solum		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Myrtle Minerva Jones		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Haskins	11. Present Address of Registrant: 275 West Sippon Chubbuck, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: June 15 1979	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: Lifetime 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Life and Accident Ins.	Date Issued: Mar.14,1963	Date Orig. Entry: Mar 14,1963	
	Date of Birth: Jan.19,1912	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Montpelier Hospital	Date Issued: Apr. 1944	Date Orig. Entry: child born ~~April 28,1944~~	
	Date of Birth: Jan. 19,1912	Birth Place: Wallace,Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Mother	Date Issued: Jul.11,1962	Date Orig. Entry: -------	
	Date of Birth: Jan.19,1912	Birth Place: Wallace,Idaho	Full Name of Mother: Myrtle Minerva Jones	Name of Father: John Carl Solum	
QUALIFYING INFORMATION					

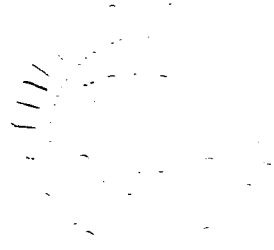
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	June 15,1979

FORM BH 56067

JUN 2? 1979



319-115-003-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-202

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl C. Carlson			2. Date Of Birth (month) May (day) 15 (year) 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Oxford
FATHER	6. Full Name of Father: William Leonard Carlson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Laura Lloyd Croshaw			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl C Carlson		11. Present Address of Registrant: 102 N. Main, Pocatello
NOTARY (Seal)	Subscribed and sworn to before me on: May 30, 19 80	12. Signature of Notary: Marion L Inman		13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: July7,1912	Date Orig. Entry: blessed
	Date of Birth: May15,1912	Birth Place: Oxford, ID	Full Name of Mother: Laura L. Croshaw	Name of Father: William L. Carlson	July7,1912
SUPPORTING RECORD 2.	Type of Document: Certificate of ordination	By whom issued and signed: LDS Church		Date Issued: Aug.30,1936	Date Orig. Entry: ordained Aug.30,1936
	Date of Birth: May 15,1912	Birth Place: Oxford, ID	Full Name of Mother: Laura Croshaw	Name of Father: William Leonard Carlson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #303425		Date Issued: on file	Date Orig. Entry: child born ~~Nov.12,1940~~
	Date of Birth: Age: 28	Birth Place: Oxford, ID	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUN 25 1980

FORM BH 56067

Re # 23612

5-2-80

CANYON

JUN 2 6 1980

331-106-006-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-215

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELMER L. CLARK		2. Date Of Birth (month) NOVEMBER (day) 6 (year) 1912
	3. Color or Race: English decent	4. Sex: male	5. Place of Birth a. County: Blackfoot, Idaho (Bingham) b. City or Town of Birth: (at residence)
FATHER	6. Full Name of Father: LUCIUS CLARK		7. State or Country of Father's Birth: FREEDOM, WYOMING Nov. 23, 1886
MOTHER	8. Full Maiden Name of Mother: MIRIAM ADELIA CARLING		9. State or Country of Mother's Birth: ORDERVILLE, UTAH Dec. 8, 1889
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer Lucius Clark	11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on June 16 1980	12. Signature of Notary: Theodore W. Jorgensen	13. Notary Commission expires: Feb. 7 1984

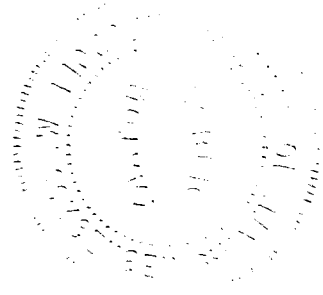
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record of birth	By whom issued (and signed): LDS Church	Date Issued: June17,1980	Date Orig. Entry: Jan.5,1913
	Date of Birth: Nov.6,1912 / Birth Place: Blackfoot, ID	Full Name of Mother: Miriam Adelia Carling	Name of Father: Lucius Clark	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Northwestern Mutual Life Ins. Dec.19,19	Date Issued: 41 Dec.19,1941	Date Orig. Entry:
	Date of Birth: Nov.6,1912 / Birth Place: Blackfoot, ID	Full Name of Mother: ------	Name of Father: Lucius Clark	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Lucius Clark	Date Issued: June24,1980	Date Orig. Entry: June24,1980
	Date of Birth: Nov.6,1912 / Birth Place: Blackfoot, ID	Full Name of Mother: Miriam Adelia Carling	Name of Father: Lucius Clark	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: JUN 26 1980	

FORM BH 56067

CLARK 6-5-80

JUN 2 7 1980



271-103-004-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-369

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: STANLEY RAY SPARKS
2. Date Of Birth (month) 8 (day) 3 (year) 12
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: BEAR LAKE
b. City or Town of Birth: BENNINGTON IDAHO

FATHER

6. Full Name of Father: WILLIAM RAY SPARKS
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: DOROTHA LEONA BURBANK
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Stanley Ray Sparks
11. Present Address of Registrant: CLEARFIELD UTAH

NOTARY (Seal)

Subscribed and sworn to before me on 11-21 1980

12. Signature of Notary: Dorothy E. Wilho
13. Notary Commission expires: July 15 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Sep.1,1912	blessed

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.3,1912	Bennington, ID	Dortha Burbank	Sep.1,1912 William Sparks

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism/conf.	LDS Church	Feb.28,1926	baptized

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.3,1912	Bennington, ID	Dorthy Burbank	July28,1923 Wm. R. Sparks

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #250889	onfile	child born Dec.24,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	Bennington, ID	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	Colleen Cunningham	DEC 01 1980

FORM BH 56067

10-20-80

Sparks

DEC 2 1960

585-214-016-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-067

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NONA NYE			2. Date of Birth (month) MAY (day) 14 (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Albion, Idaho
FATHER	6. Full Name of Father: FREDRICK JAMES NYE			7. State or Country of Father's Birth: [illegible], Utah
MOTHER	8. Full Maiden Name of Mother: HANNAH LOVELAND			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nona Carey		11. Present Address of Registrant: 2781 Van Buren, Ogden, Utah 84401
NOTARY (Seal)	Subscribed and sworn to before me on: OCTOBER 20 1972	12. Signature of Notary: Jean B. Nau		13. Notary Commission expires: April 4 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism/Conf.		By whom issued and signed: LDS Church	Date Issued: May17,1920	Date Orig. Entry: baptized May14,1920
	Date of Birth: May14,1912	Birth Place: Albion, Idaho	Full Name of Mother: Hannah Loveland	Name of Father: Fredrick J. Nye	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister		By whom issued and signed: Hilda Harris,DOB:Aug.21,1902	Date Issued: Nov.3,1972	Date Orig. Entry: Nov.3,1972
	Date of Birth: May14,1912	Birth Place: Albion, Idaho	Full Name of Mother: Hannah Loveland	Name of Father: Frederick J. Nye	
SUPPORTING RECORD 3.	Type of Document: Marriage record		By whom issued and signed: State of Utah	Date Issued: Jan.23,1981	Date Orig. Entry: Dec.1,1932
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wiske	Evidence reviewed by: Colleen Cunningham cc	Date Filed: FEB 20 1981

FORM BH 56067

FEB 24 1981

469-306-005-593

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-201
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irma Ella Morgan
2. Date Of Birth (month) Aug. 6 (day) (year) 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: BENEWAH
b. City or Town of Birth: Ferrell Idaho

FATHER

6. Full Name of Father: Frank Feyette Morgan
7. State or Country of Father's Birth: Ohio U. S. A.

MOTHER

8. Full Maiden Name of Mother: Barbara Eiting
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irma Ella Broad
11. Present Address of Registrant: 1133 East Longden Ave. San Gabriel Calif.

NOTARY (Seal)

Subscribed and sworn to before me on November 22, 1950
12. Signature of Notary: Alberta Tilbrick
13. Notary Commission expires: May 3rd 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*	Own child's hospital birth record	Pennsylvania	Aug.1,1937	child born Aug.1,1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.6,1912 / Farrell, ID	----------	----------	
SUPPORTING RECORD 2. Class	Federal census report	U. S. Department of Commerce	Dec.2,1980	Jan.1,1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 7 / Idaho	Barbia Morgan	Frank F. Morgan	
SUPPORTING RECORD 3. Class	Social Security Number App.	Social Security Administration	Feb4,1981	Nov5,1946
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug6,1912 / Ferrell, Idaho	Barbara Wicke	Frank F. Morgan	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

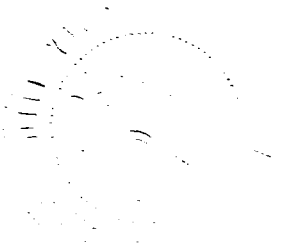
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R. N.	cc Teresa L. Cleverly	JUN 17 1981

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 17 1981



812-119-016-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-247

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELDEN JAMES HASKELL			2. Date Of Birth (month) AUG (day) 19 (year) 1912	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: CASSIA	b. City or Town of Birth: SUBLETT	
FATHER	6. Full Name of Father: DAVID ELIJAH HASKELL			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: CLARA MATILDA NELSON			9. State or Country of Mother's Birth: WYOMING	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elden James Haskell	11. Present Address of Registrant: TWIN FALLS, ID 2014 HILLCREST DRIVE	
NOTARY (Seal)	Subscribed and sworn to before me on: May 5 1981		12. Signature of Notary: [illegible]	13. Notary Commission expires: July 1 1984	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application to Insurance Co.	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: Feb1945	Date Orig. Entry: Nov16, 1944	
	Date of Birth: Aug19, 1920	Birth Place: Sublett, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Church membership record	By whom issued and signed: LDS Church SLC, Utah	Date Issued: Apr7,1938	Date Orig. Entry: Baptized Aug 19, 1920	
	Date of Birth: Aug19, 1912	Birth Place: Sublett, Idaho	Full Name of Mother: Clara M. Nielson	Name of Father: David E. Haskell	
SUPPORTING RECORD 3.	Type of Document: Family record by mother	By whom issued and signed: Clara Matilda Haskell	Date Issued: June18, 1962	Date Orig. Entry: ------	
	Date of Birth: Aug19,1912	Birth Place: Sublett,Idaho	Full Name of Mother: Clara Matilda Nelson	Name of Father: David Elijah Haskell	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: BeeBiggs,R.N.	Evidence reviewed by: tc Teresa L. Cleverly tc	Date Filed: JUL 16 1981		

FORM BH 56067

JUL 17 1981

154-22-522-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-297

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Opal Lovisa Anderson		2. Date Of Birth (month) (day) (year): May 22, 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Egin
FATHER	6. Full Name of Father: Harry Emanuel Anderson		7. State or Country of Father's Birth: Dover, Utah
MOTHER	8. Full Maiden Name of Mother: Ethel Georgeanna Davis		9. State or Country of Mother's Birth: Egin, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Opal L. Beck	11. Present Address of Registrant: Parks Rd.
NOTARY (Seal)	Subscribed and sworn to before me on: July 14 19 81	12. Signature of Notary: L Long	13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record book	By whom issued and signed: Ethel Davis Anderson, Mother	Date Issued: Mar24,1981	Date Orig. Entry: Born May22,1912
	Date of Birth: May22,1912 / Birth Place: Egin, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Baptismal record	By whom issued and signed: LDS Church, Pocatello, Idaho	Date Issued: Apr12,1981	Date Orig. Entry: Baptized June3,1920
	Date of Birth: May22,1912 / Birth Place: Egin, Idaho	Full Name of Mother: Ethel Davis	Name of Father: Harry Anderson	
SUPPORTING RECORD 3.	Type of Document: Affidavity by friend age 81	By whom issued and signed: Verna Davis Hunt	Date Issued: May 1, 1981	Date Orig. Entry: -----
	Date of Birth: May22,1912 / Birth Place: Egin, Idaho	Full Name of Mother: Ethel G. Davis	Name of Father: Harry Anderson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	AUG 13 1981

FORM BH 56067 1 cc pd.

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AUG 14 1981

719-231-016 -165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 82-117

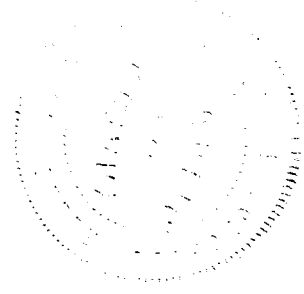
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Clymina Garner			2. Date Of Birth (month) October (day) 31, (year) 1912	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Almo	
FATHER	6. Full Name of Father: Grover C. Garner			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Hattie Isabelle Jones			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Beulah Clymina Decker		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 1982	12. Signature of Notary: Mark C. Miller		13. Notary Commission expires: 8-26 1985	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of birth	By whom issued and signed: L.D.S.Church		Date Issued: Dec.15,1965	Date Orig. Entry: Recorded Apr. 6,1913
	Date of Birth: Oct.31,1912	Birth Place: Almo, Idaho	Full Name of Mother: Hattie Jones	Name of Father: Grover C. Garner	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file - Colorado # 5943		Date Issued: Apr.12,1982	Date Orig. Entry: child born Mar.19,1947
	Date of Birth: age 34	Birth Place: Almo, Idaho	Full Name of Mother: -------	Name of Father: - - - - -	
SUPPORTING RECORD 3.	Type of Document: Marriage Certificate	By whom issued and signed: San Mateo Co, California		Date Issued: Dec.27,1932	Date Orig. Entry: married Dec. 17,1932
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: --------	
QUALIFYING INFORMATION	Certificate of Registration issued by the County Clerk - Election Dept - ~~County of Jefferson, Colorado gives name as Beulah C. Decker, born October 31,1912~~ in U.S.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Bee Biggs, RN	Evidence reviewed by: Florence Curtright		Date Filed: May 7, 1982	

FORM BH 56067

MAY 18 1982



619-220-036-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE82-163

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rose Velean Ward
2. Date Of Birth (month) (day) (year): August 20 1912
3. Color or Race: —
4. Sex: female
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Sterling Idaho

FATHER

6. Full Name of Father: Richard Alvin Ward
7. State or Country of Father's Birth: Woodruff Idaho

MOTHER

8. Full Maiden Name of Mother: Marinda Irene John
9. State or Country of Mother's Birth: Portage Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Velean Bowden
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: May 14 1982
12. Signature of Notary: Eileen S Wood
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church birth certificate	LDS Church	Apr.3,1974	Nov. 1,1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.20,1912	Sterling, Idaho	Marinda Irene John	Richard Ward

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
age 84yrs Affidavit by friend of Family	Myrtle Eunice McDaniel	May14, 1982	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.20,1912	Sterling, Idaho	Marinda Irene John	Richard Alvin Ward

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family group sheet	Richard A. Ward	Baptized Sept.11,1930	Baptized Sept.11,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.20,1912	Sterling, Idaho	Marinda Irene John	Richard Alvin Ward

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUL 23 1982

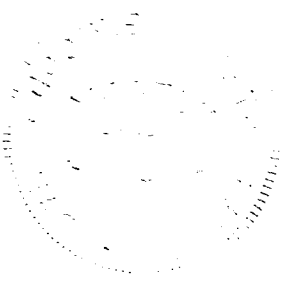
FORM BH 56067

IGI pd #6342

3-24-82

Bowden

JUL 2 3 1982



219-131-039-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-204

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VERNAL FACER BAILEY
2. Date Of Birth (month) 12 (day) 31 (year) 1912
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth — a. County: POWER; b. City or Town of Birth: ARBON IDAHO

FATHER

6. Full Name of Father: LORENZO HAWKINS BAILEY
7. State or Country of Father's Birth: WELLESVILLE, Cache, Utah

MOTHER

8. Full Maiden Name of Mother: AGNES CHLOA FACER
9. State or Country of Mother's Birth: WILLARD, Box ELDER, UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vernal F. Bailey
11. Present Address of Registrant: 1280 CEDAR LAKE RD. Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Sept. 10 19 82

12. Signature of Notary: David C. Sandquist
13. Notary Commission expires: Feb 1 19 85

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Lds Church	Dec.31, 1913	Blessed ~~Mar. 2, 1913~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.31,1912	Arbon, Idaho	Chloa Facer	Lorenzo Bailey

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination (Deacon)	LDS Church	Dec.14, 1927	Dec.4, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.31, 1912	Arbon, Idaho	Agnes Chloa Facer	Lorenzo H. Bailey

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certif.	State of Idaho #51-12528	Aug.3,1971	child born Oct.24,1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age38yrs	Arbon, Idaho	-----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

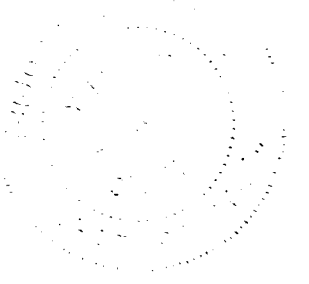
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	SEP 13 1982

FORM BH 56067

9-9-82 1cc pd. rec # 23891

SEP 13 1982



513-214-028-848

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-225

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Eachon
2. Date of Birth (month) (day) (year): May 14, 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Kootenai
   b. City or Town of Birth: Coeurd'Alene

FATHER

6. Full Name of Father: John Eachon
7. State or Country of Father's Birth: Austria Hungary

MOTHER

8. Full Maiden Name of Mother: Mary Yuhar
9. State or Country of Mother's Birth: Austria Hungary

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Eachon
11. Present Address of Registrant: 319 N. Roosevelt, Walla Walla, Wa. 99362

NOTARY (Seal)

Subscribed and sworn to before me on: August 16 1982
12. Signature of Notary: Sharon D. Ward
13. Notary Commission expires: March 28 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for insurance	New York Life Ins. Co.	Dec. 1,1938	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 14, 1912	Coeur d'Alene, ID	--------	--------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Holy Sacrament of Baptism	Coeur d'Alene Church of St. Thomas, Idaho	Mar. 8,1974	Baptized May.24,1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 14,1912	Coeur d'Alene,ID	Mary Yuhar	John Eachon

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister age 85yrs.	Lucy Kelbell	Aug.16,1982	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 14, 1912	Coeur d'Alene, ID	Mary Yuhar	John Eachon

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	OCT 6 1982

FORM BH 56067

7-20-82

Cornwell

OCT 6 1982

016-223-028-212.

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-019

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Viola Caroline Sawyer
2. Date Of Birth (month) 7 (day) 23 (year) 12
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Springston, Idaho

FATHER

6. Full Name of Father: William Forest Sawyer
7. State or Country of Father's Birth: Canada

MOTHER

8. Full Maiden Name of Mother: Caroline H. C. nee Bastian
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Viola C. Jorgensen
11. Present Address of Registrant: 2852 Camble Bay Rd. NE KINGSTON, WASH 98346

NOTARY (Seal)

Subscribed and sworn to before me on: May 5th 1982
12. Signature of Notary: Lillian C. Strongood
13. Notary Commission expires: April 26 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Birth Announcement card	W. F. Sawyer (father)	July 24,1912	July 24,1912
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July23,1912 / Springston, Idaho	Carrie Sawyer	W. F. Sawyer	
SUPPORTING RECORD 2.	Baptismal record	Ed. H. F. Hackman, Pastor	Baptized Nov.3,1912	Baptized Nov. 3, 1912
	July23,1912 / Springston, Ida.	Caroline H. C.nee Bastian	William Forest Sawyer	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Washington	Dec.31,1979	child born Mar.13,1936
	23yrs / Springston, Ida.	--------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JAN 24 1983

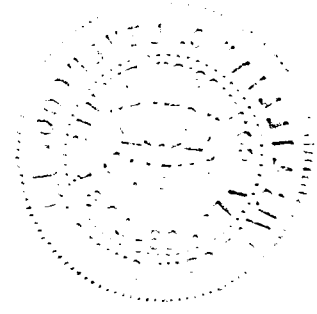
FORM BH 56067

ICCPD #9556

4-27-82

Jorgensen

JAN 24 1983



866-225-021-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-061

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LINDA HOWELL HOOKER		2. Date Of Birth (month) June (day) 25 (year) 1912
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Clifton, Idaho Franklin b. City or Town of Birth: Clifton
FATHER	6. Full Name of Father: Simon Sidney Hooker		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Emma Ann Howell		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Linda H. Kirkbride	11. Present Address of Registrant: 142-2nd st Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 2/8 1983	12. Signature of Notary: Alex L. Westfall	13. Notary Commission Expires: ALEX L. WESTFALL NOTARY PUBLIC RESIDING AT IDAHO FALLS, IDAHO MY COMMISSION EXPIRES LIFE

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church	Date issued: Blessed Aug.4,1912	Date Orig. Entry: Blessed Aug. 4, 1912
	Date of Birth: June 25,1912	Birth Place: Clifton, Idaho	Full Name of Mother: Emma A. Howell	Name of Father: Simon S. Hooker
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #214721	Date issued: Feb.2, 1983	Date Orig. Entry: child born Aug.2,1933
	Date of Birth: age21yrs.	Birth Place: Clifton, Idhao	Full Name of Mother: -------	Name of Father: --------
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother age 81yrs	By whom issued and signed: Myrl Howell Hooker	Date issued: Feb. 14, 1983	Date Orig. Entry: ----
	Date of Birth: June 25,1912	Birth Place: Clifton, Idaho	Full Name of Mother: Emma Ann Howell	Name of Father: Simon Signey Hooker
QUALIFYING INFORMATION				

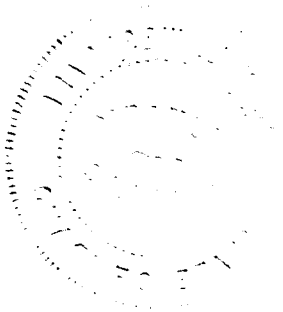
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	FEB 28 1983

FORM BH 56067

FEB 28 1983



844-116-004-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-144

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmo Philemon Humpherys		2. Date Of Birth (month) (day) (year): August 16, 1912
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: Ovid
FATHER	6. Full Name of Father: George Albert Humpherys		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Delilah Ann Lindsay		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmo Humpherys	11. Present Address of Registrant: 1930 ROYAL DR RENO NEV
NOTARY (Seal)	Subscribed and sworn to before me on: May 14 1984	12. Signature of Notary: Rosalie Wheeler	13. Notary Commission expires: 4/18 1987

BEVERLY WHEELER
NOTARY PUBLIC
STATE OF NEVADA
WASHOE COUNTY
My Appointment Expires: APRIL 18, 1987

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family age 82yrs	By whom issued and signed: Rose Beck Henley	Date issued: Apr.23,1984	Date Orig. Entry:
	Date of Birth: Aug.16,1912	Birth Place: Ovid, Idaho	Full Name of Mother: Delilah Ann Lindsay	Name of Father: George Albert Humpherys
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City,UT	Date issued: Feb.19,1969	Date Orig. Entry: Oct.13,1912
	Date of Birth: Aug.16,1912	Birth Place: Ovid, Idaho	Full Name of Mother: Delilah Ann Lindsay	Name of Father: George Albert Humphreys
SUPPORTING RECORD 3.	Type of Document: Voter's Registration	By whom issued and signed: Washoe Co., Nevada	Date issued: July21,1964	Date Orig. Entry: Oct.16,1953
	Date of Birth: Aug.16,1912	Birth Place: Ovid, Idaho	Full Name of Mother: ------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	JUN 12 1984

FORM BH 56067 2 cc checked

5-10-84

Humphreys

JUL 16 1984

842·206·022·168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-185

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Huskinson
2. Date Of Birth (month) (day) (year): September 6 1912
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Fremont; b. City or Town of Birth: Teton City, Idaho

FATHER

6. Full Name of Father: George Albert Huskinson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Maida Inez Johnson ~~Hs~~
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Huntsler
11. Present Address of Registrant: 755 E 15th St Idaho Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 14 1972
12. Signature of Notary: Blayne P. Rasmuson
13. Notary Commission expires: Jan 9 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by parents	George A. and Maida Huskinson	Feb. 14, 1972	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sep. 6, 1912 / Teton City, Idaho Fremont County	Maida Huskinson	George A. Huskinson	
SUPPORTING RECORD 2.	photocopy of school record	Idaho State College, Pocatello Idaho	---	Sep. 15, 1930
	Sep. 6, 1912 / ---	---	---	
SUPPORTING RECORD 3.	Church membership record	LDS Church	Nov. 1961	Nov. 1961
	Sept. 6, 1912 / Teton, Idaho	Maida Inez Johnson	George Albert Huskinson	

QUALIFYING INFORMATION

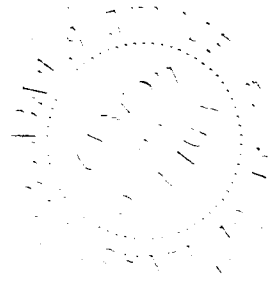
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	gml Teresa L. Cleverly	DEC 5 1985

FORM BH 56067

DEC 19 1985



495 - 215 - 005 - 213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 86-041

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Greta Ava Ure
2. Date Of Birth (month) (day) (year): July 15, 1912
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Benewah
b. City or Town of Birth: St. Maries

FATHER

6. Full Name of Father: Clifford Melvin Ure
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Almeda Jane Baldwin
9. State or Country of Mother's Birth: Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Greta A. Lommer
11. Present Address of Registrant: 4938 N. Hawthorne, Spokane, Wa 99205

NOTARY (Seal)

Subscribed and sworn to before me on ~~the~~ March 24 1986

12. Signature of Notary: Bettie J. Johnson
13. Notary Commission expires: Dec. 9 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle age 79	Ralph Ure	Oct.27,1973	----------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jul.15,1912	St. Maries	Almeda Jane Baldwin	Clifford Melvin Ure

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Return	Asotin, Washington	Sept.7,1931	Sept.7,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19	St. Maries, ID	Almeta Baldwin	C. M. Ure

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file - Idaho - 215253	-------	child born Sept. 4,1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21	St. Maries, ID	-------	-----

QUALIFYING INFORMATION

School Census issued from the Census Marshall Report for 1926 shows her birthdate as July 15, 1912. Report issued 1926 by School District # 1 Benewah County, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Driggs, R.N.	Florence Curtright	April 10,1986

FORM BH 56067 $6 paid 4344

3-19-86

APR 9 1986

Lemmer

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753-202-016-861

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-046

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLA PETTINGILL			2. Date Of Birth (month) APRIL (day) 2, (year) 1912
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Elba
FATHER	6. Full Name of Father: John Christopher Pettingill			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Agnes Hoagland			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ella Leavitt		11. Present Address of Registrant: 814 N. 7th #2 Boise. Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: april 3 1986	12. Signature of Notary: Teresa L. Clemely		13. Notary Commission expires: april 3 1991

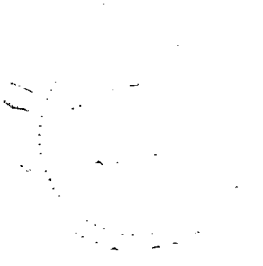
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Sons Birth Certificate	By whom issued and signed: State of Idaho #261023		Date Issued: Nov 13,1937	Date Orig. Entry: Nov 13, 1937
	Date of Birth: age 25	Birth Place: Elba, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Baptism Certificate	By whom issued and signed: L.D.S. Church		Date Issued: Jun 5,1920	Date Orig. Entry: Jun 5,1920
	Date of Birth: Apr 2,1912	Birth Place: Elba,Idaho	Full Name of Mother: Agnes Hoagland	Name of Father: John Christopher Pettingill	
SUPPORTING RECORD 3.	Type of Document: Patriarchal Blessing Cert.	By whom issued and signed: L.D.S. Church		Date Issued: Nov 1,1923	Date Orig. Entry: Nov 1, 1923
	Date of Birth: Apr 2,1912	Birth Place: Elba, Idaho	Full Name of Mother: Agnes Hoagland	Name of Father: John C. Pettingill	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Lee Briggs, R.N.	Evidence reviewed by: Davalee Leavitt	Date Filed: April 16, 1986

FORM BH 56067

APR 16 1986



STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE90-091

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jessie Smart			2. Date of Birth (month) (day) (year): January 19 1912	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Oneida	b. City or Town of Birth: Preston	
FATHER	6. Full Name of Father: James Gittens Smart			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Nora Elvena Johnson			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jessie Smart Budge	11. Present Address of Registrant: 108 Highland Drive Medford, OR. 97504	
NOTARY (Seal)	Subscribed and sworn to before me on: NOVEMBER 26 1990		12. Signature of Notary: Gloria Jahnke	13. Notary Commission expires: My Commission Expires Jan. 7, 1993 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS record of blessing		By whom issued and signed: Donald T Schmidt (Archivist of the Church)	Date Issued: 6-18-79	Date Orig. Entry: 6-2-12
	Date of Birth: 1-19-12	Birth Place: Preston (Oneida)	Full Name of Mother: Nora E Johnson	Name of Father: James G Smart	
SUPPORTING RECORD 2.	Type of Document: LDS Church Membership Record		By whom issued and signed: LDS Church	Date Issued: June14,1973	Date Orig. Entry: Baptized Jan.31,1920
	Date of Birth: Jan.19,1912	Birth Place: Preston, Idaho	Full Name of Mother: Nora Jensen	Name of Father: James G. Smart	
SUPPORTING RECORD 3.	Type of Document: Social Security Number Appl		By whom issued and signed: Social Security Administration	Date Issued: Dec.3,1990	Date Orig. Entry: Sept.1958
	Date of Birth: Jan.19,1912	Birth Place: Preston, Idaho	Full Name of Mother: Nora E. Jensen	Name of Father: James G Smart	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Richard W. Blair	tlc Teresa L Cleverly	DEC 5 1990

FORM BH 56067

$8 pd # ($2 pd #4696 + 6 pd. 3632)

11-23-90

Budge

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE98-0042

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marjorie Grace Horsley

2. Date Of Birth (month) (day) (year): March 28 1912

3. Sex: F

4. Place of Birth: a. County: Soda Springs Caribou

b. City or Town of Birth: Soda Springs, Idaho

FATHER

5. Full Name of Father: George Stratford Horsley

6. State or Country of Father's Birth: Idaho

MOTHER

7. Full Maiden Name of Mother: Alice Ellen Campbell (Nell)

8. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: Marjorie H. Glew

10. Present Address of Registrant: 10741 F.O. Blvd - Fair Oaks, Ca

NOTARY (Seal)

Subscribed and sworn to before me on: September (mo.) 14 (day) 1998 (yr.)

11. Signature of Notary: Teresa L. Cleverly

12. Notary Commission expires: April (mo.) 3 (day) 2003 (yr.)

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
1920 CENSUS RECORD	US BUREAU OF CENSUS	JAN.1,1920	JAN. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
AGE: 6YRS.	IDAHO	NELL HORSLEY	GEORGE S. HORSLEY

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
DAUGHTER'S BIRTH CERTIFICATE	IDAHO #36-244091	CHILD BORN MAY16,1936	CHILD BORN MAY 16, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
AGE: 24YRS.	SODA SPRINGS, ID	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
APPLICATION FOR NURSING LICENSE	BOARD OF NURSING	MAR.25,1935	MARCH 25, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
MAR.28,1912	SODA SPRINGS, ID	---	----

QUALIFYING INFORMATION

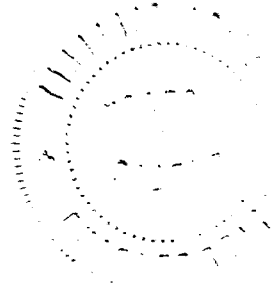
REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	Teresa L. Cleverly	SEP 14 1998

FORM HW 0610 $10.00 pd # 354985

7-27-98

allen

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